SOME SOCIAL ASPECTS OF MENTAL HYGIENE

EDITED BY

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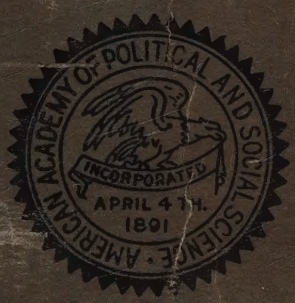

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Finding a Way in Mental Hygiene

By Frankwood E. Williams, M.D.
Medical Director, The National Committee for Mental Hygiene, New York City

THE entrance of the psychiatrist into the social field has been a very natural and logical one, growing out of what was originally an interest — even more, a responsibility that was distinctly his — in the prevention of mental and nervous disease. When he started upon his quest, he had no preconceived notions in regard to social problems. He was more likely than not to be poorly informed about them and he had little or no suspicion that they concerned him in any way except in his capacity as a private citizen. He assumed, as do most good citizens, that the jurist, the educator, the social worker, and the parent knew what they were doing and were doing it as well as could be expected. He desired only to do his job well, as others were doing theirs. Innocent, therefore, of any design upon the professional prerogatives of others, almost naïve as it would seem now, he undertook to investigate the possibilities of preventing nervous and mental disease. His interest was primarily medical, social merely in so far as mental and nervous disease itself constitutes a major social problem.

A Major Social Problem

That nervous and mental disease is a major social problem, he was convinced. There are in the United States some two hundred public hospitals for those ill of mental disease (insane) maintained by the various states or by the Federal Government. This number does not include the feeble-minded, the epileptic (except in certain instances), or those suffering from neuroses. These hospitals represent an investment of $246,348,925.52 (165 hospitals).[1] The annual maintenance costs amount to approximately $63,673,159.60 (165 hospitals.)[2] Each year seventy thousand *new* patients are admitted to them. In the State of New York alone there is an annual net increase of 1,891 patients (1927). Although New York now has some sixteen state hospitals for the insane, one of them containing some seven thousand patients, it would be necessary for the state to construct a new hospital every two years in order to keep abreast of the inflow of patients. Obviously this cannot be done and the result is a serious condition of overcrowding, amounting to thirty per cent. Serious overcrowding obtains in practically all of the state hospitals throughout the country.

These figures must give any one pause. Even hospital superintendents without social vision were forced by the mere economics of the situation to give consideration to the matter, while hospital superintendents with some degree of social vision—and fortunately we have some with very considerable social vision—recognized the situation as one of major social importance.[2]

[1] See the United States Census Report on Patients in Hospitals for Mental Diseases, 1923.

[2] The interest of The National Committee for Mental Hygiene, which had been organized in 1909 through the instrumentality of Mr. Clifford W. Beers—whose remarkable book, *A Mind that Found Itself*, had aroused public attention to the deplorable condition of many of the hospitals for mental disease—and which was composed, at the time, largely of psychiatrists and public-spirited citizens banded together for the purpose of improving the standard of care of the insane, was turned to the further problem of finding and organizing ways and means of preventing nervous and mental disease. Psychopathic hospitals

The question the psychiatrist had to ask himself was: Where are the seventy thousand persons who by this time next year will have found room in some hospital for mental disease? If there were to be seventy thousand new patients each year—and he knew that this number would not soon become less, as the admission rate for new patients had increased each year since statistics had been kept—there would be 140,000 individuals in two years and 350,000 within five years; and somewhere within the United States there were 700,000 persons going daily about their work, in the homes, in the schools, in the universities, in the offices and the factories, who were definitely ticketed for the state hospitals and who would have found their beds in hospitals for mental disease by the time ten years had passed. Where are these individuals now and how are they to be found, were the questions the psychiatrist put to himself. Knowing that, contrary to popular conception, mental disease seldom appears suddenly, but develops over a considerable period of time, he knew that many of these individuals must already be exhibiting signs and symptoms of their condition, and, their condition not being understood, must be meeting with serious difficulties in their social adjustments.

As a matter of fact, the psychiatrist did not have to surmise as to the difficulties many of these patients were meeting in their daily lives. His hospital records showed how frequently patients came with a history of delinquency, often of minor offenses, sometimes more serious, extending over some time. Although their delinquencies seemed but symptoms of their mental condition, this had gone unrecognized, and they were handled as delinquents until such time as the mental condition became so pronounced as to be recognized by a layman. His records showed, also, that frequently patients had been for some time clients of social agencies whose conscientious, well-intentioned, but not well-informed workers did not recognize until after the expenditure of much energy, time, good will, and money that the client whom they considered merely lazy, weak-willed, stubborn, or what not, was really an individual in need of hospital treatment.

Thus stimulated, the psychiatrist began to look about a bit outside his hospital, first on the search for individuals who might be on their way to him and, second, curious as to how

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were established for the active treatment of early acute mental conditions and for research and teaching purposes. Out-patient departments of state hospitals were established in the main centers of population of the hospital districts, to which patients discharged on parole could return conveniently and regularly for consultation with the physicians in order that further attacks might be avoided, and to which any individual might come for advice or a patient might be referred by his private physician who did not feel that he understood fully the patient's condition and needs. Laws pertaining to the commitment of the insane were rewritten, permitting easier access to hospital treatment. The commitment laws in many states were amended, so that a patient might come voluntarily to the hospital if he desired (hundreds of patients utilize this law annually in Massachusetts, for example), so that a patient might be sent temporarily for a period of observation (usually fifteen or thirty days) if the judge or physicians were doubtful as to his condition, and so that a private physician, with no more formality than the signing of a paper, could send to the hospital for a period of observation (in Massachusetts 30 days, which may be extended to 35) a patient about whose condition he was doubtful and for whose legal commitment he did not wish to ask until after careful study by the specialists of the hospital. All of these laws have been very helpful, have been extensively used, and have not been abused. These were all steps in the right direction, having as their object, of course, the earlier treatment of patients suffering from mental disease. But all this was not *preventing* mental disease; it was merely treating it at a somewhat earlier and therefore more hopeful stage.

many who might in a sense be said to belong to him as "patients" were now in the hands of others as "clients" or "prisoners." As opportunity arose, individuals here and there began on their own initiative to make modest investigations in their local communities. The results of these preliminary investigations were something of a shock even to psychiatrists and indicated clearly that a serious and more comprehensive study should be made.

COMPREHENSIVE STUDIES CONDUCTED

The first comprehensive study was made by Dr. Bernard Glueck at Sing Sing Prison. This was conducted by The National Committee for Mental Hygiene and was made possible through an invitation from the New York State Prison Commission and a grant of money by the Rockefeller Foundation. A clinic was established at Sing Sing Prison, and Dr. Glueck and his assistants examined for a period of two years all admissions to the prison. Dr. Glueck's report,[3] which showed that some fifty-nine per cent of all the prisoners admitted to the prison during the two years departed sufficiently from a normal mental condition to warrant a classification in psychiatric terms (although only a comparative few could be classed as "insane") came as a distinct shock, and its accuracy was seriously questioned by the legal profession and by many laymen. Dr. Glueck pointed out, also, the high degree of recidivism. By recidivist is meant an individual who has been sentenced to prison two or more times.

This study was followed by a large number of others—the New York state reformatories,[4] the New York county jails,[5] juvenile and adult courts, orphanages, charitable societies, and public schools in more than thirty states.[6]

The results of these studies have been far-reaching, falling into two categories; those that cannot altogether be estimated and those that can be estimated through their immediate practicable use. In the former are the educational results, which are gradually bringing about an entire reorientation in the study of delinquency. The data certainly indicate that the problem of delinquency is not to be solved by such simple-minded, naïve methods as "hard-boiled," thundering justice, with its severe penalties, on the one hand, or by confidence, love, and good will, on the other; that there may be a place for "punishment" in the solution of the problem and that there will always be a place for good will, but that both must be intelligent and informed; that it is not sufficient for a judge merely to be convinced of the guilt of an individual, but that it is equally important for him to know, if any benefit is to come through the treatment he is about to prescribe by his sentence, with what kind of an individual he has to deal. For how can a judge any more than a physician prescribe without first knowing something about the condition for which he is to prescribe; for when a judge has passed

[3] Glueck, Bernard, "Types of Delinquent Careers," *Mental Hygiene*, Vol. 1, pp. 171–95, April, 1917; "Study of 608 Admissions to Sing Sing Prison," *Mental Hygiene*, Vol. 2, pp. 85–151, Jan., 1918; "Concerning Prisoners," *Mental Hygiene*, Vol. 2, pp. 177–218, April, 1918.

[4] See "Mental Disease and Delinquency; a Report of a Special Committee of the New York State Commission of Prisons," prepared with the assistance of V. V. Anderson, M.D., *Mental Hygiene*, Vol. 3, pp. 177–98, April, 1919.

[5] See "Report of a Mental Hygiene Survey of New York County Jails and Penitentiaries; with Recommendations," conducted by The National Committee for Mental Hygiene. Frankwood E. Williams, M.D., and V. V. Anderson, M.D., General Directors of Survey. (New York: The National Committee for Mental Hygiene, 1924.)

[6] See Pratt, George K., M.D., "Twenty Years of The National Committee for Mental Hygiene," *Mental Hygiene*, Vol. 14, April, 1930.

sentence, he has written a prescription. To be convinced that a man is a thief is not enough to warrant even the most learned judge to prescribe what shall be done with the man in order that he may cease being a thief. In addition to common sense, experience tells us that no more can be expected from wholesale prescriptions in delinquency than from wholesale prescriptions in medicine, whereby a physician would pronounce a thousand men "sick" and prescribe for all a single remedy—that they remain in a so-called hospital for thirty days, a year, or some other length of time.

That men are merely good or bad and can be good or bad as they choose; that if they do not choose, they can be made to be good through the application of force, are mere philosophical deductions that have no basis in fact. They are ancient views and, therefore, unduly honored views that antedate scientific observation. With the slow accumulation of knowledge, with the development of more precise methods, it is becoming possible to understand somewhat human conduct in its various phases and manifestations. It is obvious that such knowledge as we have should be applied to problems such as that of delinquency. Even though our knowledge is incomplete, it is not likely that we can make any greater mistakes than those already being made by action based upon even greater ignorance. As we base our actions upon such knowledge as we have, we at least move in the right direction, and can alter our course as the result of increased knowledge through further observation and experience.

As I indicated before, the psychiatrist, when he left his hospital and tried to trace back into the community the beginning of the line that was rapidly wending its way toward his institution, brought with him no preconceived ideas in regard to social problems, no new social philosophy, not even, really, a new social instrument. The instrument he did bring with him was one that all men have used at all times—an attempt to understand men and things through differentiation and classification. The judge, the prison keeper, the school teacher, the business man, the housewife, the statesman, the clergyman, the philosopher, men in general, have ever used this social instrument. The psychiatrist has worked with an instrument which has been merely one of finer precision. The social usefulness of the instrument itself having long been acknowledged, there can be little objection to the finer, more precise use of it made by the psychiatrist.

THE PERIOD OF CLASSIFICATION

The period of classification represents an important, although passing, period in American psychiatry. There are those who are now inclined to look with some scorn upon this type of psychiatric work, and it is true that its usefulness is distinctly limited, but it has played an important part in the development of social psychiatry and has still a field in which it is of great use. There is probably as much difference between the methods now in use and purely descriptive psychiatry as there is between this type of psychiatry and the rough classificatory judgments of laymen; but even the latter have their usefulness.

The assumption that lies back of such work is that there are in the community those who are "normal" and those who are mentally defective or mentally diseased; that in the handling of any social problem, the latter must be discovered; and that once discovered, their social situation can be solved by providing for them an environment to which they can adapt them-

selves or which can be adapted to them.

The individual has been a sort of pawn and the problem has been where to move him. In the extreme cases of mental disease or mental defect it has not been difficult to know where to move him—but as we come down the scale quantitatively and qualitatively, it has not been so easy. This difficulty has served, however, not as a discouragement but as a challenge, and with the advent of the psychiatric social worker into the field of psychiatric work, the moving of the pawn now here and now there was more extensively tried. The idea back of this was that we were dealing with a more or less fixed individual from whom not a great deal could be expected in the way of accommodating himself to an environment and that we must, therefore, force the environment, the home, the school, the workshop, to accommodate itself to him. This all seemed obviously correct and natural at the time, and it is now easy, in retrospect, to see how we came to this view. It grew first from our conception of the nature of mental disorder, and second from the fact that we were primarily physicians and not sociologists. We carried into our sociological work our training as physicians. The physician's first duty is to his patient; everything must be sacrificed to the good of the patient—a principle that no one will gainsay in those situations in which the physician is functioning primarily as physician. We had not yet become aware of the fact that in the work we had undertaken, we were serving not alone as physicians but as sociologists—perhaps primarily as sociologists and secondarily as physicians—and that instead of a single allegiance, we had a twofold allegiance, one to the community and the other to the patient.

Another weakness in our work has been the limited conception we have had of its function. This again has sprung from our static conception of the nature of mental disorder and human behavior and the comparative crudeness of the tool we have fashioned on the basis of this conception. We know now, of course, that such a conception is all too simple. Only slowly, however, have we come to this view, and much of the work of the past sixteen years, and a good deal of it today in the clinics with less well-trained personnel, is upon this basis. We have felt that we have done our duty when we have announced to judge, prison keeper, social worker, or teacher that this individual is sane or insane, that individual is feeble-minded or not feeble-minded. If the individual were insane or feeble-minded, we have had advice to give as to his disposition. If, however, he did not fall within either of these categories, we have usually had no advice, or advice that was often merely banal, fortuitous, and without expertness. Or perhaps we have shrugged our shoulders and turned him back to the person who brought him, with a vague statement that he is "neurotic" or a "psychopathic personality" or "constitutionally psychopathic inferior."

WORK OF BOSTON PSYCHOPATHIC HOSPITAL

This type of work was carried, probably, to its fullest development by the Out-Patient Department of the Boston Psychopathic Hospital during the administration of the late Dr. Elmer E. Southard, Professor of Psychiatry at Harvard University. The Boston Psychopathic Hospital was the first hospital of its type in the United States to make extensive use of social workers—who, from the training received there, came to be known as psychiatric social workers—and to demonstrate the pos-

sible usefulness of such workers in psychiatric work. The methods of work based upon the social and the medical conceptions of the time, were of the type I have described and find their best expression in a book, *The Kindgom of Evils*, published in 1922 [7] by Dr. Southard and Miss Mary C. Jarrett, his able chief of social service.

Slowly we have come to see that these conceptions, both social and medical, and the methods that have grown from them, are all too simple and inadequate, and with these changes in our views—our conception of our social function, our conception of the nature of mental disorder and of behavior—have come changes in our methods of work.

Although I have confined myself here mostly to an account of the work of the psychiatrist in connection with delinquency, that is not the only social field in which the psychiatrist has been at work in the past sixteen years. There is scarcely a field in which he has not done some work. Much of it has been of a preliminary nature, but it has been a start. Some of it the psychiatrist has done on his own initiative, much of it he has been asked to do by leaders in various professional fields. The entrance of the psychiatrist into the field of social investigation came at an opportune time. There was already stirring, in the fields of education, social work, criminal jurisprudence, domestic relations, industry, and the church, dissatisfaction with results and methods. The psychiatrist has since considerably augmented this dissatisfaction, but it existed before, and from the beginning the contribution that the psychiatrist might possibly make has been seen, and he has been urged to carry on his studies in these various fields and to give such assistance to other professional groups as he could.

There has been opposition, to be sure. There are those who feel that the psychiatrist is a sentimentalist; that his effort is to have those who offend let off from punishment—failing to see that he is probably the least sentimental of all who deal with offenders; that if confinement be a punishment, his punishment would frequently be more severe than that meted out by the most "hard-boiled" judge. There are those who feel that he is a danger to human liberty for the very fact that he would confine for an indefinite period of time certain individuals who have committed but minor offenses—failing to see that it is not the psychiatrist who has created this situation, but the facts in the case themselves.

There are those who believe that the psychiatrist would confine as "crazy" or defective all those of whose views he did not approve, that he is an agent, therefore, of the social status quo—failing to see that it is not views as such that concern the psychiatrist, but what lies back of these views. There are those who feel that the psychiatrist is a danger to the status quo in that he sees, in the bizarre and threatening conduct of the radical, proper and reasonable efforts at expression—failing again to see that the psychiatrist is not concerned with views, but with the balance in the interplay of forces both within and without the individual. There are those who believe that the psychiatrist would destroy the sanctity of the home, would open the gates to sexual license, would hinder the influence of the church—in fact, would bring on destruction in general.

This opposition is sometimes loud spoken, but it is not serious. It sometimes interferes with good work that might well be done, but on the whole it is not disturbing. Based as it is on

[7] Southard, Elmer Ernest, M.D., and Jarrett, Mary C., *The Kingdom of Evils*, New York: The Macmillan Co., 1922.

misconceptions, it is well that it should come into the open, where it can be discussed and information take the place of misinformation.

THE PSYCHIATRIST'S DIFFICULTIES

As the psychiatrist left the institution, whether it was a hospital for mental disease, a school for the feeble-minded, or a prison, the further he proceeded into the community, the more he began to see new material, to be challenged by problems he had never been called upon to face before, to be confronted by questions to which there were no ready-made answers. As he studied these problems and his relationship to them, certain things became evident both on the social and the technical side. In the first place he saw that he could not continue to maintain a proud professional attitude, or act the rôle of a dictator who from his professional heights observed and gave out edicts to the more humble; that he was already beyond his depths; that he had reached the limits of his knowledge, and must now take his place humbly with other workers that together they might extend the borders of knowledge and find solutions for problems that thus far in human history had remained unsolved. For this adventure he was probably better equipped than others, sufficiently so perhaps to give him a certain degree of leadership, but a leadership whose strength must lie in its recognition of its own weakness and of the value of the contributions to be expected from others.

Further, the psychiatrist could not merely magnanimously offer his services and bid the problem come to him. He must go to the problem. This required a much larger fund of information than a mere technical knowledge of psychiatry. He was no longer dealing with purely psychiatric problems, but with psychiatric problems inextricably mixed with others. He could not successfully deal with a problem in a school unless he knew something of the methods, the aims and the points of view of schools; he could not superimpose himself upon the school, he must work with and become a part of the school. He would eventually work changes in the school, but the school would also work changes in his methods and technique; the school had much to teach him. He could not work successfully with problems in social agencies or in industry without first knowing something of the forces at work in these fields that might militate for or against his work. Further, not only could he learn from the schoolmaster, the social worker, the industrialist, but on the technical side he must look to the contributions of the psychologist and the psychiatric social worker for much of the material that was needed in the solution of any given problem.

He found, too, that a careful description and classification of the material that came before him was an entirely inadequate procedure; such procedure might have its useful place in a court, in a prison, in an institution, but it fell far short here for several reasons. To classify or diagnose did not necessarily solve the problem presented. To say that an individual was feeble-minded did not necessarily explain his conduct or indicate the disposition to be made of him; not until more than this was known about the individual could either of these questions or others be answered. A layman might call an individual a "fool"; the psychiatrist might call him a "constitutional psychopathic inferior"; the latter term might sound more learned, but it answered no more questions than did the crude diagnosis of the layman.

Most important of all, most of the material presented in no way lent itself

to classification. The boy of good intelligence failing in his school work, the boy caught pilfering, the leader of a prowling neighborhood gang, the adolescent girl leaving her village home to seek her fortune in the large city, the young girl who spurns her parents, spends all her earnings upon finery, and is to be found late at night in the company of questionable youths at dancing halls—these more often than not do not fall within any classification unless it be one so broad and all-inclusive as to have no greater meaning than the classifications of "mean," "lazy," "ne'er-do-well," "headstrong," "willful," "weak-willed," and the like, already suggested by their families and friends. If the psychiatrist contributes nothing more than an exchange of Greek and Latin words for these perfectly good Anglo-Saxon words, he has contributed very little. We remain almost in the same place we were before.

In other words, the study of a cross section of the life of an individual at any given time does not reveal the reasons for his conduct or indicate how this conduct may be changed. After all, we are not dealing with a museum piece, but with a living individual, through whom and about whom life is still streaming, who has had a beginning, who is going somewhere, and whose presence before us today is but an incident in a continuous chain of circumstances. Only a study of this entire history, of the various factors and forces that have entered in to make it up—a longitudinal study of the life of the individual, if you please—will give us the facts and clues that will aid us in understanding the conduct of the individual at the present moment and will indicate the forces that may be brought into play to alter that conduct. Again, how obvious all this now seems; but it was not obvious at the time.

PSYCHOANALYSIS

Aid at this point came from Austria. Psychoanalysis has had its difficulties in the United States as in all other countries. It has been despised and hated, scorned and laughed at, and denied in high places. It has had its supporters, not always fortunate ones. The United States was no more prepared for the reception of psychoanalysis than were other countries. It could not, in its earlier, crude, naturally incomplete presentation, be understood. As psychoanalysis, it made little headway, but what did immeasurably affect psychiatry in the United States was the psychoanalytic point of view, if you will, as expressed by such men as Dr. Adolf Meyer, Director of the Henry Phipps Psychiatric Clinic of the Johns Hopkins Hospital, Baltimore; the late Dr. August Hoch, Director of the New York State Psychopathic Institute; Dr. C. Macfie Campbell of the Phipps Clinic in Baltimore, and now professor of psychiatry at Harvard University and Director of the Boston Psychopathic Hospital; the late Dr. Thomas W. Salmon, formerly the Medical Director of The National Committee for Mental Hygiene; and Dr. William A. White, Superintendent of the Government Hospital for the Insane at Washington, none of whom were or are now, in the strict sense, with the exception of Dr. White, psychoanalysts or "Freudians." Men who stood before their problems puzzled and blocked, defeated in making further progress with them because the tools they were using did not bring further progress, men who, often, would become fairly apoplectic at the mere mention of psychoanalysis or Freud, came, after all, through the influence of these men, to look at their problems from a new angle and to begin to understand them, and slowly

a more dynamic point of view began to replace the former static point of view which had contributed, at least for the moment, all that it could.

Perhaps I should add that in the last few years psychoanalysis as such has been making very considerable progress in the United States and is now being given a serious and fair hearing. The neurologists seem the least able to understand it, and there are still leaders among the neurologists who continue to set up straw men in order to knock them down again. Among psychiatrists, however, there remain no men of prominence who are not at least willing to listen, to attempt to understand, even to experiment. Within the past three years probably forty of the younger psychiatrists—a not inconsiderable number when one considers the smallness of the total number—have sought training in analysis abroad.

There is a growing tendency also, particularly on the part of psychiatric social workers, but noticeable also among nurses and teachers, to add as a part of their training a personal analysis, not with the idea of utilizing such training technically, but in order that they may better understand the problems of their clients, and before attempting to deal with the emotional problems of others, may at least do what they can to solve their own emotional problems so that these may not become inextricably mixed with their clients' problems.

ATTENTION TO CHILDHOOD NECESSARY

I have tried in these last few pages to trace some of the influences that have been at work, as attention has slowly come to be focused upon childhood. It seemed to matter little in what particular social field one worked; study of the difficulties in any given situation always led in one direction—to childhood.

Working with adult or adolescent delinquents, we seldom found that the delinquency was a recently developed or isolated matter, but merely an incident in a long series of delinquencies leading back and into school life and childhood. If we studied problems of dependency, we seldom found that the present need had suddenly developed and was something new. Sometimes, of course, it was due to accident or illness, but more often an inability to maintain themselves, a dependence on others, had always been more or less in evidence from the time of childhood. If we studied the employment turnover and industrial unrest and dissatisfaction and inadequacy, again we found ourselves dealing more often than not with individuals who during and since childhood had found it difficult to adjust themselves satisfactorily to group living. We came to the belief, therefore, that in dealing with these several problems, we were not dealing with several separate problems, but with one problem with different manifestations. What we actually had to deal with, whether it was in the field of functional nervous and mental disease, delinquency, dependency, or industrial unrest was social maladjustment, due to faulty emotional development, which had its roots in childhood. For the sake of practicable work, it might be necessary to break this problem into its several parts, but in our thinking, planning, and developing of social concepts, we found it would be well for us to think not so much in terms of the prevention of nervous and mental disease, the prevention of delinquency, the prevention of dependency, the prevention of industrial unrest, as in terms of emotional development and maladjustment.

As emotional habits and ways of reacting to situations were obviously formed in childhood, childhood was, as

Dr. William A. White has termed it, the "golden period of mental hygiene" and mental hygiene had to do not alone with problems of nervous and mental disease and the relation of these particular entities to social problems, as had at first been conceived, but with these other matters as well.

These thoughts led still further. After all, faulty emotional development was not to be found alone in cases of functional nervous and mental disease, among the socially dependent and the industrially inadequate. There was probably no one of us but gave evidence in some degree of similar inadequate or unhealthy development. Why should we not, for who, after all, in our youth, knew anything about these matters or guided our development as they guided our physical and intellectual development? The difficulty we ourselves found in living happily and well and the difficulties we were obviously causing others with whom we worked and lived by our uncertain and unpredictable reactions, our prickliness, our softness and hardness, our enthusiasms and aversions, our loves, hates, and jealousies, might as easily be accounted for on this basis as the reactions and difficulties of our clients.

As between ourselves and our clients, which possessed the greater potentiality for social harm? Obviously, we did. After all, the amount of harm that one of our clients could do in running amuck and upsetting other people's apple-carts here and there, as a personal protest against he knew not exactly what, was limited.

Adding together all those who had ceased to contribute socially and had become a social burden through flight into functional nervous and mental disease, delinquency, dependency, or industrial inadequacy, the number is large and the economic burden great, but comparatively the number is small and all combined can neither sink us economically nor destroy us socially; the amount of social damage they can do is limited.

On the other hand, the amount of social damage that an editor of a great daily paper can do, socially well placed and influential, economically independent, intellectually keen, and well trained in the best of our universities, but so emotionally handicapped that he can see life, or certain aspects of life, only through lenses that he has had to put on as a matter of personal protection against his own unsolved or badly solved or partially solved personal emotional problems—the amount of harm that such an individual, editor, politician—statesman, as he may be called—judge, minister or priest, school-teacher, industrialist, labor leader, economist, sociologist, psychologist, social worker, psychiatrist, can do is unlimited, incalculable.

EMOTIONAL HEALTH OF PARAMOUNT IMPORTANCE

Without neglecting to do what we can in the social reconstruction of the obviously socially troublesome minority, it is apparent that our greatest concern should be for the mental health —mental health conceived in its larger sense—the healthy emotional development of those who are destined to become leaders, of one kind or another, in the life of the community. This means that work cannot be confined to hospitals for mental disease, prisons, and social agencies, but that the most important work is probably to be done in the high schools and the universities. In the high schools and the universities our greatest concern is not with those who are failing or who are obviously troublesome as students, so much as with the brilliant student about whose intelligence there can be no question,

but about whose twisted, warped, emotional development there can be very great concern, not because of any danger that he may become a social loss through the development of a mental or nervous disease—although that is a possibility—or that he will become a thief, but because of the danger inherent in a brilliant intellect which is in the service of an emotional disorganization. This brings us ahead, however, of the roughly chronological account I am trying to give.

THE CHILD GUIDANCE CLINIC

In an effort to study the child that is beginning to show maladjustment in its social relationships, there has been developed what is known as the child guidance clinic. These clinics were begun experimentally in 1921, first in connection with the juvenile court, following the lead indicated by the pioneering work of Dr. William Healy and his associate, Dr. Augusta Bronner, at the juvenile court in Chicago and later at the Judge Baker Foundation in Boston.

As experience has been gained, however, the organization and the methods of the clinic have been much changed. From a comparatively simple type of organization connected with a juvenile court, the clinic has become a highly organized coöperative community enterprise with extensive ramifications in all parts of the community that have to do with child life. The nucleus of the clinic staff remains as it was in the beginning and is composed of psychiatrists, psychologists, and psychiatric social workers. As a result of a five-year period of demonstration in this field by The National Committee for Mental Hygiene, financed by the Commonwealth Fund, that Fund in 1927 established in New York City an Institute for Child Guidance which serves as a center for clinical work, research, and training of professional personnel.

Each child that is admitted to the clinic is studied from several angles. These examinations include: a thorough physical examination, including such special examinations, serological, endocrinological, and laboratory, as seem indicated; neurological and psychiatric examinations;[8] psychological examinations, both to establish the intelligence level and to bring out any special abilities or disabilities that the child may have; and a very careful study of the personal and social history of the child.

One cannot compare these various examinations in importance; each is an integral part of the study of the whole child, and each is necessary for a complete understanding of the child. However, it may be said that the physical examination yields comparatively little toward an understanding of the conduct of the child. There are few children in whom some minor physical defect or difficulty may not be found—defective teeth, enlarged adenoids or tonsils, slight curvature of the spine, and the like—but it is seldom that it can be demonstrated that these can explain adequately the conduct of the child. Such defects as are found are corrected as a matter of course, for the sake of the general health of the child. Occasionally, of course, physical conditions are found that may be a primary or at least, a secondary and contributing cause of the child's maladjustment, but this is the exception and not the rule.

The psychologist is frequently able to throw very considerable light upon the conduct of the child, particularly

[8] See "Psychiatric Examination of a Child," prepared by The Division on the Prevention of Delinquency of The National Committee for Mental Hygiene, *Mental Hygiene*, Vol. 10, pp. 300–306, April, 1926.

the child of high intelligence who has not been properly evaluated in the school and who has become a behavior problem as a result of boredom, and the child who has been seriously handicapped by special defects not previously recognized. Neurological examinations yield little. The psychiatric examination, if it is a routine hospital type of examination in which the examiner looks for certain signs and symptoms of definite mental disease, yields little.

It is the psychiatric examination combined with a thorough study of the social and personal history of the child that yields a richness of material that can challenge the best intellects in the field for its interpretation and understanding. Here one comes certainly close to the heart of the matter, but the work of a generation lies ahead in the ultimate understanding of the full significance of the data that are being daily mined and brought to the surface in this field.

This material at once throws much new light on some very old problems and can be made of immediate practical use in the treatment of a given child; but one is at first often deceived by the apparent simplicity of the casual relationships found and the solution that presents itself. Sometimes, truly enough, what seems to be complex conduct can be simple of explanation, but the experienced worker is impressed with the new world of intricacies that is revealed and knows that we are but fumbling at the beginnings of work that would seem to have profound and fundamental significance. Its ultimate reach one may not know; one may know only that it strikes close to the roots of things, and that its cultivation is probably the major work of this and the next generation. One does not hesitate to say this even though one may be accused of entertaining a partial and professional view.

The Psychiatric Social Worker

The personal and social study of the child is made by the psychiatric social worker, to whom I have often referred. A word in addition should be said of her. Without the psychiatric social worker, the extensive reach of the psychiatrist into the community, the comparatively rapid growth of his influence, the understanding of certain problems that he has been able to reach would not have been possible. The well-trained, capable, experienced psychiatric social worker has become indispensable in psychiatric work. A psychiatrist in the United States is an individual who, even though he may be of somewhat better than average intelligence, has been narrowly trained in the profession of medicine and still more narrowly in the specialty of psychiatry. In all his years of training there have been lacking almost all the elements that would tend to make him socially minded, that would give him a knowledge of, or even an interest in, social problems, any understanding of social institutions or community resources other than medical, or any insight into life as it is lived by various social groups; mostly he knows life narrowly and only from his personal contact with it. His medicine and his psychiatry he knows, and in these he may think and work well in advance of the majority of his colleagues; but his philosophy of life, his moral, ethical, religious, and social conceptions, are more likely than not to be nothing more than his personal reaction to the conveniently at hand, ready-made articles that have been presented to him in the course of his life, and which he has accepted, rejected, or modified, quite casually, as suited his personal needs.

The psychiatric social worker has been a teacher of the psychiatrist.

Not that she has brought to him her own views on these matters, but, largely unaware of what she was doing to the psychiatrist, she has collected and brought to him for his consideration material of whose existence he was but dimly, if at all, aware. The life of the psychiatrist, as well as his professional knowledge, has been enriched thereby, and he tends to become a thoughtful man and citizen rather than a narrow routinist shut away doing—let us say well—a professional job.

Even though here and there a psychiatrist was found who was not of the type I have described, he was, nevertheless, more or less helpless by reason of the fact that one man can do but one man's work in the course of a day. His examinations were time-consuming, so that he could see but few patients; much information in regard to his patients he could not obtain, for the information did not come of itself to him, and he had neither the time nor the knowledge of how to obtain it. There were lines of treatment he wished to carry out with his patient, but, confined to his office, there was no way of getting this accomplished or of successfully following the course of the treatment. His work reached into the community, but there was no way in which he himself could reach that community.

The psychiatric social worker has become the extension of the psychiatrist into the community. She has become his eyes, his ears, his hands, his legs, and, indeed, a part of his intellectual processes. She has multiplied him many fold. She does for him what he cannot do for himself, both in the obtaining of information necessary for an accurate understanding of the patient and in seeing that treatment is carried out in accordance with the plans of the psychiatrist; she serves as a liaison between the psychiatrist, the home, the school, and the community generally; but she is more than merely a liaison, she is an active therapeutic agent.

TRAINING FOR SOCIAL WORK

In the United States the psychiatric social worker is a professional who enters upon her work only after having completed a course of training that has been carefully designed to equip her to deal with the types of problem that will fall to her lot. In this sense her training is unique, as training in older professions has more or less just grown up, representing many compromises, and not being so precisely directed at the problems to be dealt with. The course is a post-graduate one, only those being admissible who have completed their work for an academic degree in a recognized college or university. It usually covers two academic years, a very considerable portion of which is devoted to practice work under close supervision.

The student receives training in the usual social case-work methods, and becomes, therefore, a trained social case-worker, but in addition she is given carefully designed courses in social and clinical psychiatry, and her practice training is in the field of extramural psychiatry. The Smith College School for Social Work and the New York School of Social Work have specialized in the training of psychiatric social workers, although courses are also given at the School of Social Work of Simmons College, Boston, The National Catholic School of Social Service, Washington, D. C., The Pennsylvania School of Social and Health Work, Philadelphia, The School of Applied Social Science, Western Reserve University, Cleveland, The Graduate School of Social Service Administration at the University of Chicago, and The Louisiana School of Social Work of Tulane University, New Orleans.

Practically all schools of social work in the United States are now offering courses in social psychiatry or mental hygiene, although they may not be adequately equipped to give complete training to this type of worker. It should be said also that it is not the desire either of the Smith College school or the New York school to confine their instruction in social psychiatry to those students training particularly for the field of psychiatric social work, but rather to include this part of the psychiatric social worker's training in the training of social workers for whatever field—in other words, to bring the "psychiatric point of view," as it were, into all social case-work, whether it be family case-work, children's aid work, medical social work, industrial, or recreational work.[9]

All social workers—and this is being extended to the professions of medicine, law, theology, home economics, teaching, nursing, and even journalism—should be familiar with psychiatric material, points of view, methods, and techniques, in order that they may better understand the behavior problems in their own fields, know better what to expect and what not to expect from the psychiatrist, know how they may coöperate with him to the best mutual advantage, and, indeed, how they may themselves handle some of the more simple problems that daily arise in their work, thus leaving the psychiatrist and the psychiatric social worker free to apply themselves to the more difficult and technical problems that require a degree of knowledge and experience not to be expected of workers in the other fields.

DEALING WITH THE ENVIRONMENT

The social investigation has opened our eyes to many things of which we were not aware before, and has brought about changes in our psychiatric methods and technique. We find that we have to treat not an individual—the child that is brought to us—and certainly not merely a part of the child—the psyche—but a total situation involving home situation, parents, brother and sisters, school situations, neighborhood situations. It is a commonplace saying in the child guidance clinics that more often than not, it is not the child we have to treat, but parents, school-teachers, and others who stand in intimate relationship to the child.[10]

Not all wives love their husbands, and not all husbands love their wives. This creates a situation in a home that cannot but have a definite effect upon the emotional development and emotional reactions of a child. Not all children, even in a properly established home, have been wanted, or are welcome once they have arrived. Parents may do what they can to conceal this fact, but it cannot be concealed successfully from the child, and its revelation has very powerful reverberations in the child. Parents may claim they have no favorites mong their children, but this is seldom true.

Even if these situations and many others did not exist, and home were the ideal place we like to think it, and all too often foolishly assume that it is, the further fact would remain that in an undertaking of the most delicate

[9] Lee, Porter R., and Kenworthy, Marion E., M.D., *Mental Hygiene and Social Work.* New York: The Commonwealth Fund, Division of Publications, 1929.

[10] Sayles, Mary Buell, *The Problem Child at Home; a Study in Parent-Child Relationships.* New York: The Commonwealth Fund, Division of Publications, 1928; *Three Problem Children; Narratives from the Case Records of a Child Guidance Clinic.* New York: Joint Committee on Methods of Preventing Delinquency, 1924; Thom, Douglas A., M.D., *Everyday Problems of the Everyday Child.* New York: D. Appleton & Co., 1927.

nature—the rearing of children—parents have had no preparation. To be a plumber's helper, an automobile mechanic, a serving maid, a laundress, not to speak of "doctor, lawyer, merchant, chief," requires some instruction. Parenthood is the only profession, if you will, that can be practiced in America without definite instruction and preparation. Any one may become a parent. One learns, therefore, on the job, and not only on the job, but on the job while occupied at the same time with many other time and energy-consuming jobs. There is no more inadequate method of learning than this, nor one more wasteful of material.

It is not surprising, therefore, that out of this situation come emotionally warped and misshapen children, some who protest vigorously, through their delinquency, others who become overpowered and tend to give up the conflict or to minimize it by retiring emotionally within themselves—a more agreeable type of child, but probably a less healthy type than the former. It is not surprising, therefore, that much of the work of the child guidance clinic is directed toward these home and parental situations rather than toward the child itself. Not until the emotional currents, both obvious and subtle, that exist within the home of any given child are comprehended and evaluated, can one hope to understand the emotional reactions of the child.

Much that has been said of parents may be said of school-teachers. Schools, even when technically excellent, may not be the ideal places we often conceive them to be. Not every teacher is imbued with high ideals and teaches because she loves her work and the contact it gives her with children. Many teachers hate their work and the children they have under instruction. This may be concealed from superiors, but it cannot be concealed from children, and it has its effects. Even granting good will and good intention and a rare competence in the teaching of her particular subject, this seldom means an equally competent understanding of the child. The teacher may handle her instructions in mathematics with such skill as to provoke wonder and admiration, but she may mishandle the child so completely as to provoke amazement. The conduct of a child cannot be understood until we know something of the conduct of the teacher. There is no moral implication here; this is not an unfriendly criticism of the teacher; it is merely that the teacher is a fact in the life of the child, and we must study objectively hat fact and its relation to the child as we would study objectively any other fact in the complicated network of forces in the life of the child.

EFFECT OF WORK TO DATE

In considering the results of the work of the past few years, we have to consider the results upon ourselves and the results upon others. The results upon ourselves may be even greater and more important than the results upon others. The consequences to us have been: a change in clinical point of view, with consequent changes in methods and technique; the gradual focusing of our attention upon childhood; and in childhood more and more a focusing of our attention upon the forces at work upon the child itself.

This does not mean neglect of the forces within the child. These forces are being given very particular attention, especially recently, since, having become better oriented in the field, we can begin to distinguish two types of "problem children": one, the greater according to our present view, of the kind I have been discussing, and another, a smaller but more difficult group, a child the roots of whose emo-

tional difficulties lie so deep in its unconscious, if one may use this term, that nothing short of a study of this closely knit unconscious material will yield results. With present methods we find ourselves able to ameliorate somewhat the social situation of these children, but as yet we have found no satisfactory solution of their problem.

The social result, or the result upon others, has been the establishment of permanent child guidance clinics in each of the demonstration cities, St. Louis, Los Angeles, Minneapolis, St. Paul, Cleveland, Philadelphia, and in a number of other cities, and the establishment by the Commonwealth Fund of a permanent Institute for Child Guidance in New York City as mentioned before.

It is our experience that the psychiatrist whose training has been confined entirely to the hospital for mental disease is not adequately prepared for child guidance work. If his training has been good, it forms an excellent background, but little more. To this must be added actual experience in the study and treatment of extramural psychiatric problems, and this study and experience must be directed and gained under the careful supervision of those expert in the field.

The lack of adequately trained personnel is one of the most serious problems we have to face at the present time. To meet this situation, funds have been appropriated to The National Committee for Mental Hygiene both by the Rockefeller Foundation and the Commonwealth Fund, for the establishment of fellowships in extramural psychiatry. These fellowships make it possible for the Committee to put into the field each year from ten to twelve psychiatrists trained in extramural work, but these are so quickly absorbed into work already under way that we are still left sadly short of the number needed. The Commonwealth fellows receive their training at the institute.

It has also been our experience that psychologists coming fresh from the university with their Ph.D. degrees are of limited use in a child guidance clinic. They come equipped with much bookish lore and with some facility in the use of psychological tests, but they lack clinical experience and not until this is obtained are they of much value to a clinic. To make possible the obtaining of this experience, the Commonwealth Fund has appropriated a sum to The National Committee for Mental Hygiene for the establishment of psychological fellowships. The instruction of these fellows is also done at the institute. At the institute are also trained selected students in psychiatric social work from the Smith College School for Social Work and the New York School of Social Work.

Concepts and practical work go hand in hand, and so as we look to the future we are concerned with both these things. We have seen our concepts change and with them our methods and technique. We know that there will be further changes and that these are already on the way, although we may not yet be altogether clear about them.

The two distinct circles we have already traveled in our concepts and methods will be noted. Beginning with the study of the individual, we passed to a study of the external forces acting upon the individual, only to return to the closer study of the individual. Beginning with a clinic at a specialized spot, the juvenile court, we passed to a community clinic, only to return to the specialized clinic—in the school, the college, the court, the institution, and the social agency. *But* these have really not been circles, but spirals; work continues at all points in the spiral—in the lower ranges more

actively, in the upper ranges more intensively. It is with the intensive points that we have now to concern ourselves.

PROBLEM OF PERSONNEL

One of the important practical problems for the future is that of personnel —not so much the problem of the number of personnel that I have previously mentioned, as the training of personnel. For a complete study of the individual it is now necessary, as I have said, to call upon the psychiatrist, the psychologist, and the psychiatric social worker. This triple study of the individual is awkward, time-consuming, and expensive; and yet it is necessary for the reason that no one professional worker has the training and the experience to deal with a given problem as a whole. In other words, we are having to use at the present time professional workers who were not trained for this particular work, but for work of a different kind. A new professional field has opened for which there exists at the present time no precise training.

The training of a psychiatrist is a long and expensive procedure. If, in the end, it equips him to do the work that falls to his hand to do, then one cannot complain; but when it does not so equip him, we must consider the matter. The medical training of the psychiatrist includes much that is of no value to him in dealing with the problems that will come before him for study. Some of this training has about as much relation to these problems as algebra has to the keeping of one's bank account. At the same time, much is left out of his course of study that is absolutely essential to him in understanding his professional problems.

The same is true of the training of a psychologist. In the process of obtaining a Ph.D. degree in psychology, valuable time is spent upon subjects that will have no application to the work to be undertaken, while at the same time much is omitted that is essential to the worker's equipment. Eventually a way must be found to recombine material so that the students may not only save time, but in the end be better equipped; a course of training must be designed that will be specifically adapted to work in the field of mental hygiene, behavior problems, extramural psychiatry, or whatever we may wish to call this field. What degree such a person would be granted, by what professional name he would be known, I do not know. That is not an important matter. He would probably not be known as a physician, a psychiatrist, or a psychologist, but whatever he might be called, he would be more specifically equipped to meet his professional responsibilities than are any of these workers at the present time.

The training of such a worker does not, of course, mean a stop to the training of psychiatrists and psychologists along present lines. With any individual, the direction he would take would be a matter of choice. If he desired to become a "psychiatrist" or a "psychologist," as we know them today, he would follow such a course. But if he chose to work in the field of child guidance, mental hygiene, behavior problems, or extramural psychiatry, he would choose the course designed specifically for this field.

A course such as I have suggested should be just as sound in fundamentals and as deep in its cultural, as well as professional, values as any professional course now given, *only* it should head up in the direction in which the worker wishes to go. The student would not be turned out from his course of training with a set of tools admirably appropriate for the work for which they

were designed, but scarcely applicable to the work he will have to do. As things are now, he is left in the position of one who must open a can with a pocketknife. He might just as well have been given a can opener in the first place.

The training of the psychiatric social worker is an excellent example of what may be accomplished in designing training to meet specifically professional needs. This training did not just grow up hodge-podge. It was carefully and thoughtfully planned, and those who planned it had constantly in mind the precise work to be done. The result in the worker's ability to do the things expected of her has exceeded expectations.

THE COMING CONFLICT

There is a serious conflict ahead that it would be well for us to be prepared for. There are those who are now enthusiastic about mental hygiene work who will not be so enthusiastic once they become aware of its implication. For what are we really doing? We are substituting inductive for deductive methods in the field of human behavior. The bitterest battles in all history have been fought here, and there have been none more bitter than the one that eventually will be fought out in the field of human behavior. In the world of practical, everyday things, the battle has largely been won. The life of the most "fundamentalist" preacher in America is a life that has been built up and provided for him, from his pure drinking water and breakfast grapefruit to his automobile and the radio microphone through which he preaches, by induction. He accepts all this gratefully, although his ancestors fought bitterly the principles involved. With a magnificent broad-mindedness he admits the mistakes of his ancestors in these little matters and is quite willing to have his water supply observed and kept free from typhoid bacilli. In the matter of bacilli and other "material" things, he may no longer question the value of what he would call science, *but*—and here he has reached his limit not only of broad-mindedness, but of intellectual understanding and emotional flexibility and adjustment—there is a field, of course, in which science can be of no help, in fact, can only be destructive and a danger—that of human behavior. One may observe bacteria, one may even dissect the once sacred human body, but one may not so irreverently question, study, and dissect such things as character, personality, "mother love," "hate of wickedness," "desire to save others," honesty, sense of duty, charity, "loving-kindness," the will to do right, or the perverse will to do wrong.

These things are coming; as a matter of fact, these elements are already being scrutinized, and will be as objectively studied as any bacterium or fossil bone. Neither the process nor the results will be acceptable to this deductionist, for he will come to learn again, first, that "all is not gold that glitters." But, eventually, we have reason to hope, his descendants may learn that the very method their good ancestor fought so bitterly has tended to bring into the world the very things he prayed for, but could not obtain.

Our difficulties in the field of human behavior and delinquency arise from the fact that man had to learn to control men and to bring some order into social life long before he knew even the simplest things about men. Only in comparatively recent times has man come to learn these simple facts about himself. Much of very great importance he does not yet know; but, forced by his need, he early made such observations as he could, or, without observation, made assumptions and from

these, deductions, and thus built up his morals, ethics, religions, laws, and social structure. Constructed of such material—incomplete or incorrect observations, misinformation or no information, incorrect assumptions with correct deductions or correct assumptions with incorrect deductions—it is not surprising that a structure has arisen that is often phantastic and all too frequently lacking in reality.

Life lived under such circumstances must, in the first place, be crippling, so that some are never able to find their way and, in the second place, full of conflict. It is not surprising that, on the one hand, those who have been handicapped or more or less incapacitated by their crippling should become troublesome in their blind, compulsive thrashing about, trying to find some way out; and that, on the other hand, conflicts often become rebellions which, when unsuccessful, we can call delinquencies. Only as one sits in his comfortable armchair and "thinks" can he be sure that he "understands" the problem of delinquency and can formulate a simple plan for its control. As he stops "thinking," so to speak, and turns to examining with greater and greater care the delinquent material itself, he sees how inextricably mixed the problem is with life itself and all its forces, and particularly with the artificialities that man has built into life and into his social structure. Delinquency ceases to be the sharply defined thing it was in the beginning. It becomes a relative matter. Again, we are making a circle, but a circle with a spiral swing—we began by studying the delinquent, are at the point of considering ourselves, and shall soon move on to a further study of the delinquent.

OPPOSING PHILOSOPHIES

There are those who would use the church as an example of a social instrument that has been built up by deduction and that, because of its lack of touch with the actualities of life, has brought confusion instead of solution. But our knowledge is yet too incomplete. I would not take the church, but the law as an example.

It is commonly believed that the conflict between the legal profession and the medical profession as represented by psychiatry, in the matter of delinquency, comes from an inability to understand each other because of the different language each speaks. Both have the same end in view; each is honest and intelligent; but the words that a psychiatrist uses in trying to explain a situation are but jargon to the lawyer, while the reasons the lawyer gives for the steps he must take are in a language the psychiatrist cannot follow. Would that the matter were so simple as this!

It is not a mere difference in terminology that stands in the way. Two distinct philosophies stand opposed to each other. The lawyer starts with certain assumptions, reasons logically, step by step, and arrives at certain conclusions. The psychiatrist starts with certain observed facts, reasons logically, step by step, and arrives at entirely different conclusions. Each has been honest, each has reasoned accurately, and each knows his own sincerity and may even be inclined to believe in that of the other—honest men, they can only stand and look at each other in puzzlement. The nature of the difficulty, however, may easily be seen.

The entrance of psychiatry, or science, if you will, into the field of delinquency has greater significance than the mere assistance that one profession can give another in isolated cases. The criminal law is an example of a social instrument built up out of assumption and deduction until it has become phantastic and has largely lost,

if it ever had, contact with reality. Success in the field of delinquency will not come with the writing of now this new law and now that, with the remodeling and the amending of now this law and now that, with a change of method here and a modification of technique there. Success will come only with the complete rewriting of the entire criminal law.[11]

It may seem presumptuous for a psychiatrist to make such a statement and one might hesitate to do it were it not for the fact that one finds support among jurists of distinction. The Law School of Harvard University is at present engaged upon a study of the criminal law that has for its object precisely this thing—the complete recasting of the criminal law by building up a legal structure that will be based upon such observed fact as we have and that in its methods and techniques will be at all times in touch with realities; a structure built in the laboratory, as it were, and not in an armchair; a structure that will remain a laboratory and not become a mere dusty library. Other law schools in America, such as the Yale and Columbia Law Schools, are also interested in this matter, so that it becomes not alone the crying of psychiatric Jeremiahs nor the enthusiasm of an isolated group of teachers of law, but a matter full of significance.

[11] Glueck, S. Sheldon, *Mental Disorder and the Criminal Law.* Boston: Little, Brown and Co., 1925; "Mitigation of Punishment and Evidence of Mental Unsoundness," *Mental Hygiene,* Vol. 8, pp. 948–56, Oct., 1924; "Principles of a Rational Penal Code," *Mental Hygiene,* Vol. 13, pp. 1–32, Jan., 1929; also in *Harvard Law Review,* Feb., 1928; "Psychiatric Examination of Persons Accused of Crime," *Mental Hygiene,* Vol. 11, pp. 287–305, April, 1927; also *Yale Law Journal,* March, 1927; "Psychiatry and the Criminal Law," *Mental Hygiene,* Vol. 12, pp. 569–95, July, 1928; "Some Implications of the Leopold-Loeb Hearing in Mitigation," *Mental Hygiene,* Vol. 9, pp. 449–68, July, 1925; "State Legislation Providing for the Mental Examination of Persons Accused of Crime," *Mental Hygiene,* Vol. 81, pp. 1–19, Jan., 1924; also *Journal of Criminal Law and Criminology,* Vol. 14, Feb., 1924; "Tentative Program of Coöperation between Psychiatrists and Lawyers," *Mental Hygiene,* Vol. 9, pp. 686–98, Oct., 1925.

THE TOTAL PROBLEM

Delinquency is co-extensive with life itself. We should not dwell upon this fact to the point of making ourselves helpless in the presence of immediately practical problems and excuse our inaction by the complexity of the matter. Our job is to meet such parts of the total problem as present themselves, to observe and to devise experiments on the basis of our observations; then to observe again, and again to experiment. But it will help us not to expect too much too soon, and not to become too easily discouraged, if we avoid a too simple conception and see frankly with what it is we have to do.

Delinquency however is but a single aspect of a larger problem having many aspects and we are concerned here more with methods of meeting in so far as possible the total situation. A program can be stated that is simple in words, but which offers difficulties in its administration—psychiatric facilities, or facilities for the understanding and guidance of the emotional development of the child at all strategic points in his life as a child, and as an adolescent. These strategic points are the home and the school. In America the home can best be reached, in the largest number of cases, through the school. The school, therefore, becomes the natural center for such work, and by school one does not mean schools for children of any particular age, but all schools beginning with the kindergarten (where work of much interest is already under way, particularly in Cleveland),[12] through the so-called

[12] Rademacher, Grace Corwin, "The Psychiatric Social Worker and the Period of Early Child-

grade schools (a good example of this is the work being done in the public schools of Newark, New Jersey; Minneapolis, Minnesota; Rochester, New York; Winnetka, Illinois; Pelham, New York; and Montclair, New Jersey), the high school (best represented probably by work at the Washington Irving High School, New York City; La Salle-Peru Township High School, La Salle, Illinois; and in some of the private secondary schools), and work in the colleges and universities (now undertaken in a number of colleges and universities, but the best example of which is probably the work at Yale University—another undertaking of the Commonwealth Fund).

Children, of course, reach the limits of their adjustability and begin to show signs of their distress and beginning failure at different ages. Our desire is to be prepared to meet these early situations as soon as they arise, in their yet simple form, and not to have to wait until serious disorganization or much badly directed organization has taken place, thus complicating the situation, before we are able to interfere.

All of this is good. But there is yet something else. Teaching this mother or this group of mothers, how better to manage children, teaching this father or this group of fathers, how better to gain the confidence of his son, giving lectures and courses of instruction now to this and now to that group of teachers—all of these things that we have to do in our everyday work, and all useful —will no more change the fundamental situation than will the remodeling of this law or the amending of that, in the case of the law. Into all social relations and the forces that hold them together—ethics, morals, religion—must come the same process mentioned above and eventually the same recasting that will give them the reality they do not now have.

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hood," *Hospital Social Service*, Vol. 15, No. 2, pp. 156–163, Feb., 1927; "The Psychiatric Social Worker and the Nursery School," *Mental Hygiene*, Vol. 13, No. 2, pp. 298–308, April, 1929.

Eugenic Sterilization in the United States

Its Present Status

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APPROXIMATELY four hundred thousand people in the United States are being cared for in hospitals and other institutions for persons suffering from mental disease, mental defect and epilepsy. More than one hundred million dollars are being expended annually for their care and maintenance. The number of patients seeking admission increases each year. From 1927 to 1928 the increase in those who were actually cared for was 19,368, to say nothing of the thousands who could not be admitted because of the serious condition of overcrowding in the institutions.[1]

The problem of meeting this situation adequately has many phases, among the most outstanding of which are: the provision of adequate institutional care and treatment; the prevention, so far as it is humanly possible, of the need for institutionalization; and the employment of methods which will enable those already in the institutions to return to society physically, mentally, and emotionally capable of adjusting themselves to its demands. Any serious attempt to solve any of these problems is deserving of earnest consideration.

Purposes of Sterilization

The advocates of eugenic sterilization, "a method of preventing parenthood without altering the sexual life of the individual" (3),[2] claim that it is the ultimate solution of all three of the problems mentioned. The term "eugenic" is used to refer to sterilization for the purpose of preventing procreation when it is reasonably certain that the offspring would inherit the diseases or defects of their parents, or tendencies towards such diseases or defects, among which, in certain cases, are included moral degeneracy, sexual perversion, and general tendencies toward criminality. "Therapeutic" sterilization is for the purpose of bettering the mental or physical condition of the individual patient, both for his own well-being and that of other persons with whom he comes into contact. In the summaries of state laws given below, it will be noted that the majority of the state laws are eugenic in purpose, while one half of them are both eugenic and therapeutic. Sterilization as a punishment for certain crimes is permitted in only three states, California, Nebraska and Washington. These punitive laws are briefly summarized in order that the picture of sterilization, as a whole, may be complete.

The purpose of this study is neither to advocate nor to oppose eugenic sterilization, but rather to review the facts concerning its adoption and application in the United States, and to indicate, in the form of an annotated bibliography, the sources from which those who wish to study the subject more fully may obtain information and argument upon which to base their own opinions.

Legal Provisions

Eugenic sterilization laws are now on the statute books of twenty-four states,

[1] For fuller statistics of nervous and mental disorders as an institutional problem, see *Mental Hygiene Bulletin*, May, 1929.

[2] Numbers in parentheses refer to titles in bibliography at the end of the article.

namely: Arizona, California, Connecticut, Delaware, Idaho, Indiana, Iowa, Kansas, Maine, Michigan, Minnesota, Mississippi, Montana, Nebraska, New Hampshire, North Carolina, North Dakota, Oregon, South Dakota, Utah, Virginia, Washington, West Virginia, and Wisconsin. New Jersey and New York passed such laws in 1911 and 1912 respectively, but both were declared unconstitutional. In Nevada, a strictly penal law was passed in 1911 but was declared unconstitutional. No operations were ever performed under the New Jersey and the Nevada laws, but during the eight years between the passage and the repeal of the New York law, 1912–1920, one male and forty female patients were sterilized.

During the legislative sessions of 1929, eugenic sterilization laws were proposed in the following thirteen states: Arizona, Colorado, Georgia, Illinois (two bills), Missouri, New Jersey (two bills), New York (the same bill presented in both houses), North Carolina, Ohio, Oklahoma, Pennsylvania, Texas, and West Virginia. In only three of these states, Arizona, North Carolina, and West Virginia, were the bills enacted into law.

In those states where laws already existed, thirteen amendments were proposed during the 1929 legislative sessions. Eight of these amendments were passed in the following seven states: Delaware (two distinct amendments), Iowa, Maine, Michigan, Nebraska, New Hampshire, and Utah. Amendments failed to pass in Minnesota (two distinct amendments), Nebraska, and Wisconsin, and an amendment which passed both houses in Washington was vetoed.

The summaries which follow give the provisions of the laws of the various states, as in force January 1, 1930, including all 1929 amendments. For each state the following facts are given: the year of enactment of the original law; the year in which the last amendment, if any, was passed; the types of operation specified; the classes of persons subject to the law.

Arizona, 1929. The operation of vasectomy[3] in the case of males, or salpingectomy in the case of females, may be performed upon any inmate of the Arizona State Hospital for the Insane, if the state board of medical examiners shall find that the said inmate is insane, idiotic, imbecile, feeble-minded, or epileptic, and by the laws of heredity is the probable potential parent of socially inadequate offspring likewise afflicted; that the said inmate may be sexually sterilized without detriment to his or her general health, and that the welfare of the inmate and of society would be promoted thereby. Castration and the removal of sound organs from the body are expressly forbidden. (The Arizona State Hospital for the Insane cares for all such patients committed in the state.)

California, 1909; 1917. The California law provides for the asexualization of the following classes of persons: 1. Patients in state hospitals for the insane and in institutions for the feeble-minded and for epileptics, who are afflicted with mental disease which may have been inherited and is likely to be transmitted to descendants, with the various grades of feeble-mindedness, those suffering from perversions or marked departures from normal mentality or from diseases of a syphilitic nature. 2. Any recidivist lawfully confined in any state prison who has been committed to a state prison in this or some other state or country at least two times for rape, assault with intent to commit rape, or seduction, or at least three times for any other crime or crimes, and shall have given evidence, while an inmate of a state prison in this state, that he is a moral or sexual degenerate or pervert; and any convicts sentenced to the state prison for life, who exhibit continued evidence of moral and sexual depravity, whether they have ever been inmates of a state prison before or not, whenever in the opinion of the resident physician of the

[3] For a complete description of the various types of operations, see Laughlin (6).

prison it will be beneficial and conducive to the benefit of the physical, mental or moral condition of said prisoner. 3. Any idiot, upon the written request and with the written consent of his parent or lawfully appointed guardian, may be asexualized by or under the direction of the medical superintendent of any state hospital. 4. Any inmate of the Pacific Colony for feeble-minded and epileptic persons, who is afflicted with incurable chronic mania or dementia. The Penal Code of California, Statutes 1923, Chapter 224, Section 645, provides for penal sterilization under the following conditions: "Whenever any person shall be adjudged guilty of carnal abuse of a female person under the age of ten years, the court may, in addition to such other punishment or confinement as may be imposed, direct an operation to be performed upon such person, for the prevention of procreation."

Connecticut, 1909; 1919. Vasectomy, in the case of males, or oöphorectomy in the case of females, may be performed upon any inmate of the state prison, the state hospitals for the insane, or the state training school for the feeble-minded, if, in the judgment of the examining board, procreation by any such person would produce children with an inherited tendency to crime, insanity, feeble-mindedness, idiocy, or imbecility, and if there is no probability of improvement such as to render procreation advisable, or if the physical or mental condition of such person will be substantially improved thereby.

Delaware, 1923; 1929. The "safest and most effective operation for the prevention of procreation" may be performed upon any person who is legally confined in any institution within the state which is supported in whole or in part by the state or any county, or upon any person who is at large, provided that said person is feeble-minded, epileptic or is a chronically or recurrently insane person. All habitual or confined criminals who have been convicted of at least three felonies by any court of any state or of the United States, shall be subject to observation and examination by the Mental Hygiene Clinic or by the Superintendent of the Delaware State Hospital. If such person's criminality is found to be caused by mental abnormality or mental disease, a report and recommendation shall be made and subsequent procedure shall be followed as for the other institution inmates above referred to.

Idaho, 1925. Such type of sterilization as, in the opinion of the State Board of Eugenics, may be best suited to the particular case, may be performed upon any person who is feeble-minded, insane, epileptic, an habitual criminal, a moral degenerate, or a sexual pervert, if procreation by such a person would produce a child or children having an inherited tendency to feeble-mindedness, insanity, epilepsy, criminality, or degeneracy, or who would probably become a social menace or ward of the state, if there is no probability that the condition of such person will improve to such an extent as to avoid such consequences.

Indiana, 1907; 1927. The operation of vasectomy upon males, or salpingectomy upon females, or any other more suitable operation except castration or the removal of sound organs from the body, may be performed upon any patient in any state or county hospital or other institution which has the care or custody of insane, feeble-minded, or epileptic persons, if such patient is afflicted with an hereditary form of insanity that is recurrent, with idiocy, imbecility, feeble-mindedness, or epilepsy, and when the superintendent of said institution shall be of the opinion that the operation is for the best interests of the patient and of society.

Iowa, 1911; 1929. The State Board of Eugenics may issue an order specifying such type of sterilization as may be deemed best suited to the condition of the person concerned and most likely to produce the beneficial results herein specified, except castration or the removal of sound organs from the body. The operation may be ordered performed upon all persons living in the state who are feeble-minded, insane, syphilitic, who are habitual criminals, moral degenerates, or sexual perverts, and who are a menace to society, if, in the judgment of a majority of said board, procreation by such persons would produce a child or children having an inherited tendency to feeble-mindedness, syphilis, insanity, epilepsy, criminality, or degeneracy, or who would

probably become a menace or ward of the state, and if there is no probability that the condition of such persons will improve to such an extent as to avoid such consequences.

Kansas, 1913; 1917. The operation of vasectomy or asexualization for males, or salpingectomy or oöphorectomy for females, may be performed upon any inmate of the State Penitentiary, the State Industrial Reformatory, the State Industrial School for Girls, the State Hospital for the Insane, the State Hospital for Epileptics, or the State Home for the Feeble-minded, if it is believed that the mental or physical condition of such person would be improved by sterilization, or that procreation by him would be likely to result in defective or feeble-minded children with criminal tendencies, and that the condition of such inmate is not likely to improve so as to make procreation desirable or beneficial to the state.

Maine, 1925; 1929. Sterilization, in the form of vasectomy for males, and fallectomy for females, may be performed with the written consent of the patient when mentally competent, or of the guardian when the patient is mentally incompetent to give consent, upon recommendation of physicians having the custody of feeble-minded persons or persons suffering from mental disease, when such operation is indicated for the prevention of the reproduction of feeble-mindedness, or for the therapeutic treatment of certain forms of mental disease.

Michigan, 1903; 1929. Vasectomy, salpingectomy, or any type of sterilization treatment or operation best suited to the condition of the patient, may be performed upon feeble-minded, insane, and epileptic persons, upon moral degenerates and sexual perverts who are under the care and custody of any institution maintained in whole or in part by the state, who are likely to procreate children unless closely confined or rendered incapable of procreation, when it is believed that such children would have a tendency to similar mental defectiveness, and when there is no probability that the condition of said persons will improve, and it is for the best interest of such person and of society that he should be sexually sterilized. The written consent of the defective person, if he is sixteen years or more of age and not otherwise incapable of giving consent, must be obtained, together with the written consent of his legal guardian, if any, and also of one of the following persons, in the order named: husband, wife, father, mother, brother, sister, child, or next of kin.

Sterilization of the above classes of persons, whether confined in institutions or at large, may be requested by any of the following persons, by petitioning the probate court of the county in which the person to be sterilized resides or is confined: the father, mother, husband, wife, brother, sister, child, or guardian of such person, the medical superintendent, director or principal officer of any state institution, the state welfare commission, any sheriff or superintendent of the poor, or supervisor of any township. (Note: The 1929 law repealed all former sterilization legislation and extended the scope of the law to include the insane, sterilization of whom was not formerly permitted.)

Minnesota, 1925. Feeble-minded persons committed to the guardianship of the State Board of Control, and insane persons committed to the custody of the superintendent of a state hospital and who have been inmates of such hospital for at least six consecutive months, may be sterilized by the operation of vasectomy or tubectomy as the case may be. In the case of feeble-minded persons, the written consent of the spouse or nearest of kin, and, in the case of insane persons, the written consent of the patient and of the spouse or nearest of kin, or of the duly appointed guardian, must be obtained.

Mississippi, 1928. The operation of vasectomy for males, or salpingectomy for females, may be performed upon any inmate of the state hospitals for the insane or of the state school and colony for the feeble-minded, if that inmate is found to be insane, idiotic, an imbecile, feeble-minded, or epileptic, and by the laws of heredity, to be the potential parent of socially inadequate offspring likewise afflicted, and if the operation is considered to be for the best interests of the patient and of society.

Montana, 1923. Sterilization, in the form of vasectomy or salpingectomy or such

adequate medical treatment as will surely and permanently nullify the power to procreate offspring, to achieve permanent sterility and the highest therapeutic benefits to the patient, shall be ordered performed upon idiots, feeble-minded, insane, or epileptic persons who are cared for within a custodial institution, if, in the opinion of the chief physician of the institution and the state Board of Eugenics, such sterilization shall be for the betterment of the physical, mental, neural, or psychic condition of said inmates, or shall be necessary to protect society from the menace of procreation by them. Consent of the legal guardian, or in case there is none, consent of the next of kin, or if there are no kin within the state, then consent of the custodial guardian, is required.

Nebraska, 1915; 1929. Sterilization by such operation as in the judgment of the board of examiners would be most appropriate to each individual case, is made a condition prerequisite to the parole or discharge of any inmate of a state institution, if said board shall find that such inmate is feeble-minded, or insane, or is an habitual criminal, a moral degenerate, or a sexual pervert, that such inmate is capable of bearing or begetting offspring, that children born or begotten by such inmate would inherit a tendency to feeble-mindedness, or would probably become a social menace, and that procreation by such inmate would be harmful to society.

Punitive sterilization, in the form of castration, if so ordered by the court, is provided for the two following classes of criminals: any male inmate who shall have been convicted of rape, of incest, of any crime against nature, or of violation of Section 9758, Compiled Statutes of Nebraska for 1922; and, any male inmate who shall have been convicted of rape or of incest for the second or subsequent offense upon a female under the age of eleven years. In each case, if the operation be performed, said inmate shall be eligible to apply for a commutation of sentence within one year. (Note: The 1929 law repealed all previous legislation, doing away with the necessity of obtaining the consent of the inmate when capable of giving consent, and of the husband, wife, parent, guardian, or nearest of kin. It also added the punitive sections.)

New Hampshire, 1917; 1929. Vasectomy or salpingectomy, as the case may be, shall be ordered performed upon any inmate of any state or county institution if it be found that said inmate is insane, idiotic, an imbecile, feeble-minded, or epileptic, and by the laws of heredity is the probable potential parent of socially inadequate offspring likewise afflicted, and that the welfare of the inmate and of society will be promoted by such sterilization. Castration or the removal of sound organs from the body is strictly prohibited. (Note: The 1929 law repealed all previous legislation, making the obtaining of consent unnecessary.)

North Carolina, 1929. The necessary operation for asexualization or sterilization shall be performed upon any mentally defective or feeble-minded inmate or patient of any penal or charitable institution supported wholly or in part by the state or any subdivision thereof, if, in the judgment of the governing body or of the responsible head of such institution, it shall be considered best in the interest of the mental, moral, or physical improvement of the patient or inmate, or for the public good. Sterilization of mentally defective and feeble-minded persons not resident in any institution, upon the petition and request of the next of kin or legal guardian of such person, is made the duty of the board of commissioners of any county.

North Dakota, 1913; 1927. Such surgical operation for sterilization as may be specified by the Board of Examiners (except that castration or ovariotomy may be performed only when organs are diseased) shall be performed upon any inmate of a state institution, including the state penitentiary, the State Hospital for the Insane, the State Training School, and the State Hospital for the Feeble-minded, if, in the judgment of the entire board, procreation by such person would produce children with an inherited tendency to feeble-mindedness, insanity, epilepsy, criminality, or degeneracy, and if there is no probability that the condition of such person so examined will improve to such an extent as to render procreation advisable, or if the physical and mental condition of any such person will be sub-

stantially improved thereby. This is not to be construed to be in any manner a punitive measure.

Oregon, 1917; 1925. Such a type of sterilization as may be deemed by the State Board of Eugenics to be best suited to the person involved, shall be performed upon all persons who are feeble-minded, insane, epileptic, habitual criminals, moral degenerates, or sexual perverts, who are or are likely to become a menace to society, if, in the judgment of a majority of said board, procreation by such person would produce a child or children having an inherited tendency to feeble-mindedness, insanity, epilepsy, criminality, or degeneracy, or who would probably become a social menace or ward of the state, and if there is no probability that the condition of such person will improve to such an extent as to avoid such consequences. The written consent of the person involved must be obtained in all cases, and in the cases of feeble-minded and insane persons, the additional consent of the person's legal guardian, or if none, of his next of kin, or if none, of his nearest friend, or if none, the consent of his custodial guardian must be given.

South Dakota, 1917; 1927. The operation of vasectomy or of ligation of the Fallopian tubes, as the case may be, shall be performed upon every feeble-minded person within or outside of the State School and Home for the Feeble-minded, if it is the opinion of the county board of insanity of the county wherein said person resides, or may be found, if he has no established residence, that procreation by such feeble-minded person would produce children with a tendency to disease, feeble-mindedness, idiocy, or imbecility, or that the mental condition of such person would probably be materially improved by such operation.

Utah, 1925; 1929. The operation of vasectomy if upon a male, or of salpingectomy if upon a female, or asexualization of either, may be performed upon any inmate of the Utah State Hospital (this hospital cares for all insane, feeble-minded, and epileptic patients committed in the state), the State Industrial School, or the State Prison, if the board of the institution shall find that said inmate is habitually sexually criminal, or is insane, idiotic, imbecile, feeble-minded, epileptic, or is afflicted with degenerate sexual tendencies, and by the laws of heredity is the probable potential parent of socially inadequate offspring likewise afflicted, that the said inmate may be sexually sterilized or asexualized without detriment to his or her general health, and that the welfare of the inmate and of society will be promoted thereby.

Virginia, 1924. The operation of vasectomy if a male, or salpingectomy if a female, may be performed upon any inmate of a state hospital, or of the State Colony for Epileptics and Feeble-minded, if the special board of the hospital or colony shall find that said inmate is insane, idiotic, imbecile, feeble-minded, or epileptic, and by the laws of heredity is the probable potential parent of socially inadequate offspring likewise afflicted, that the said inmate may be sexually sterilized without detriment to his or her general health, and that the welfare of the inmate and of society will be promoted thereby. Castration and the removal of sound organs from the body are specifically forbidden.

Washington, 1921. Such a type of sterilization as may be deemed best by the Institutional Board of Health of each state institution having the care of individuals held in restraint, may be performed upon any inmate of said institution, if, in the judgment of the majority of the members of said board, procreation by such person would produce children with an inherited tendency to feeble-mindedness, insanity, epilepsy, criminality, or degeneracy, and if there is no probability that the condition of such person will improve to such an extent as to render procreation advisable, or if the physical or mental condition of any such person will be substantially improved thereby. Emasculation, except in cases where it is found necessary to improve the physical, mental, neural, or psychic condition of the inmate, is expressly forbidden.

Punitive sterilization: In 1909 the following strictly punitive sterilization law was enacted: "Whenever any person shall be adjudged guilty of carnal abuse of a female under the age of ten years, or of rape, or shall be adjudged to be an habitual criminal, the court may, in addition to such other punishment or confinement as may be

imposed, direct an operation to be performed upon such person for the prevention of procreation."

West Virginia, 1929. The operation of vasectomy if upon a male, or salpingectomy if upon a female, may be performed upon any inmate of any state institution caring for the insane, feeble-minded, and epileptic, or of the state industrial schools and homes for boys and girls, if the state Public Health Council shall find that such inmate is insane, idiotic, imbecile, feeble-minded, or epileptic, and by the laws of heredity is the probable potential parent of socially inadequate offspring likewise afflicted; that such inmate may be sexually sterilized without detriment to his general health, and that the welfare of such inmate and of society will be promoted thereby. Castration and the removal of sound organs from the body, except for sound therapeutic reasons, are specifically forbidden.

Wisconsin, 1913; 1919. Such operation for the prevention of procreation as shall be decided safest and most effective, by a committee of experts composed of one surgeon and one alienist and the superintendents of the state and county institutions who have charge of criminal, insane, feeble-minded, and epileptic persons, may be performed upon any inmate of such institutions, if, in the unanimous opinion of these experts and superintendents, procreation by said inmate shall be found inadvisable.

SUMMARY OF LAWS

The provisions of the various laws are more concisely summarized in Table I, which also contains several items which were omitted above in order to eliminate a great deal of legal verbosity. Analysis of this table reveals the following pertinent facts:

The purpose of sterilization is declared to be eugenic in twenty-two states, therapeutic as well as eugenic in twelve states, and punitive in three states. California and Washington specify all three types, while the Nebraska law has no therapeutic provision. The laws of Minnesota and Wisconsin make no statement of purpose.

Among the inmates of state institutions who may be sterilized, the feeble-minded are specified in all twenty-four states, the insane in twenty-three states, and the epileptic in eighteen states. Only the feeble-minded may be sterilized in South Dakota, and only the feeble-minded and the insane in Maine and Minnesota. Certain criminals, chiefly recidivists, who are insane, feeble-minded, or epileptic, may be sterilized in fourteen states, and moral degenerates and sexual perverts, in eleven states. The laws of California and Iowa contain provision for the sterilization of all institution inmates suffering from diseases of a syphilitic nature.

Persons not confined in institutions but suffering from the diseases specified in the law, may be sterilized in California, Delaware, Iowa, North Carolina, Oregon, and South Dakota.

The prevailing types of operations specified are vasectomy for males, in fourteen states, and salpingectomy for females, in ten states. In twelve states, the type of operation to be employed is left to the discretion of the examining physicians, except that castration or the removal of sound organs from the body is specifically forbidden in two of these states, and in seven others, exceptions being made for therapeutic purposes only, in two states.

In California and North Carolina, sterilization may be performed at the request of certain relatives or of the legal guardians of persons specified in the law.

Sterilization is made a prerequisite condition to parole or discharge in three states, namely, California, Nebraska, and South Dakota.

The consent of the person to be sterilized, which in all cases indicates or includes that of certain relatives or guardians or both, is required in six

TABLE I—SUMMARY OF PROVISIONS OF STATE STERILIZATION LAWS

State	Purpose of Law				Persons Subject						Type of Operation Specified by Law																
					Inmates of Institutions						Both Sexes		Males			Females											
	Eugenic	Therapeutic	Punitive	Not Specified	Insane	Feeble-minded	Epileptics	Certain Criminals	Moral degenerates and sexual perverts	Persons at large but similarly afflicted	Type best suited to individual case	Castration, etc., prohibited	Asexualization	Vasectomy	Castration	Asexualization	Salpingectomy	Oöphorectomy	Fallectomy	Tubectomy	Provision for sterilization by request	Prerequisite condition to parole or discharge	Consent required	Trial to be had if consent is not given	Appeal permitted	Liability exemption	Therapeutic clause
Arizona	1	1	..	..	1	1	1	..	..	..	..	1	..	1	..	..	1	..	..	..	..	..	..	..	1	1	1
California	1	1	1	..	1*	1	1	1	1	1	..	..	1	..	..	1	..	..	..	..	1	1	..	..	..	1	..
Connecticut	1	1	..	..	1	1	..	1	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..
Delaware	1	..	..	..	1	1	1	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Idaho	1	..	..	..	1	1	1	1	1	..	1	..	..	..	..	..	..	..	..	..	..	..	1	1	1	..	..
Indiana	1	..	..	..	1	1	1	..	..	..	1	1	..	1	..	..	1	..	..	..	..	..	..	..	1	1	1
Iowa	1	..	..	..	1*	1	1	1	1	1	1	1	..	..	..	..	..	..	..	..	..	..	1	1	1	..	..
Kansas	1	1	..	..	1	1	1	1	1	..	..	..	1	1	..	..	1	1	..	..	..	..	..	..	..	1	..
Maine	1	1	..	..	1	1	..	..	..	..	..	..	..	1	..	..	..	..	1	..	..	..	..	..	..	..	..
Michigan	1	..	..	..	1	1	1	1	1	..	1†	..	..	1	..	..	1	..	..	..	..	..	1	..	1	1	..
Minnesota	..	..	..	1	1	1	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	1	..	..	1	..
Mississippi	1	..	..	..	1	1	1	..	..	..	..	1	..	1	..	..	1	..	..	..	..	..	..	..	1	1	1
Montana	1	1	..	..	1	1	1	..	..	..	1	..	..	1	..	..	1	..	..	..	..	..	1	..	1	1	..
Nebraska	1	..	1	..	1	1	..	1	1	..	1	..	..	..	1‡	..	..	..	..	..	..	..	..	..	1	..	..
New Hampshire	1	..	..	..	1	1	1	..	..	..	..	1	..	1	..	..	1	..	..	..	..	..	..	..	1	1	1
North Carolina	1	1	..	..	1	1	..	1	1	1	1‡‡	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..
North Dakota	1	1	..	..	1	1	1	1	1	..	1	1**	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..
Oregon	1	1	..	..	1	1	1	1	1	1	1	..	..	..	..	..	..	..	..	..	..	..	1	1	1	..	..
South Dakota	1	1	..	..	..	1	..	..	..	1	..	..	..	1	..	..	..	..	1	..	..	1	..	..	..	1	1	..
Utah	1	..	..	..	1	1	1	1	1	..	..	..	1	1	..	1	1	..	..	..	..	..	..	..	1	1	1
Virginia	1	..	..	..	1	1	1	..	..	..	..	1	..	1	..	..	1	..	..	..	..	..	..	..	1	1	1
Washington	1	1	1	..	1	1	1	1	1	..	1	1††	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..
West Virginia	1	1	..	..	1	1	1	..	..	..	..	1	..	1	..	..	1	..	..	..	..	..	..	..	1	1	1
Wisconsin	..	..	..	1	1	1	1	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	22	12	3	2	23	24	18	14	11	6	12	9	3	14	1	2	10	2	2	1	2	3	6	3	16	15	7

* Also specifies all institution inmates suffering from diseases of a syphilitic nature.
† Also specifies sterilization by X-ray treatment.
‡ Specified as punishment for certain types of criminals. See text.
** Expressly prohibits castration and ovariotomy except for therapeutic purposes.
†† Expressly prohibits emasculation except for therapeutic purposes.
‡‡ The terms "sterilization" and "asexualization" are used synonymously.

states. In three of these states, Idaho, Iowa, and Oregon, the person refusing consent may be brought to trial to show cause why he should not be sterilized.

In sixteen states, the person upon whom notice of sterilization has been served may appeal from the decision of the examining board to the courts.

The laws of fifteen states contain clauses exempting physicians and others taking part in sterilization operations from all civil and criminal liability.

In seven states, the law specifies that it shall not be construed in such a manner as to prevent such treatment, administered for sound therapeutic reasons, as may incidentally involve the destruction of the reproductive functions.

EXTENT OF APPLICATION OF LAWS

The extent to which the sterilization laws have been applied in the different states is shown in Tables II and III. These figures are only for operations primarily eugenic in purpose. Operations for strictly therapeutic or punitive purposes are not tabulated, as their number is negligible, and only a few states furnished data concerning them. No sterilization operations were reported from Arizona, Idaho, Mississippi, North Carolina, or West Virginia. The Idaho law has not been put into effect, owing to delay in securing court decision as to its constitutionality. The laws of Arizona, Mississippi, North Carolina, and West Virginia were made so recently that no operations have as yet been performed.

In Table II, the sterilization operations performed in each state up to January 1, 1929 are tabulated by type of operation and sex of those sterilized. II-A gives the number of operations since the laws of the various states became effective. The total number of sterilizations tabulated is 9479, of which 4623 were upon males, 4803 upon females, and 53 upon persons whose sex was not reported. If to these we add the operations upon 1 male and 42 females performed in New York while the law of that state was in force, the totals are, males 4624, females 4845, and both sexes 9522. Forty-nine per cent of the operations were upon males and fifty-one per cent upon females. Vasectomy and salpingectomy predominate among the various types of operation, the former being employed in ninety-two per cent of all male cases and the latter in ninety-seven per cent of all female cases. The operations tabulated under "Females, other types" are hysterectomy (Delaware, one) and combinations of salpingectomy, oöphorectomy, hysterectomy and ovariotomy, such as salpingo-oöphorectomy.

Table II-B gives the number of operations during the year ended January 1, 1929, and indicates the extent of sterilization activity during the latest year for which statistics are available. There were in all 965 operations, of which 321, or thirty-three per cent, were upon males, and 644 or sixty-seven per cent upon females. It will be noted that the number of females sterilized during that year is a little more than twice that of the males, whereas during the entire period in which sterilization has been practiced, the number of females exceeds that of the males by only two per cent.

California exceeds all other states in the practice of sterilization, with 6298 operations, or 66.1 per cent[4] of the total for the entire country. Kansas ranks second, with 645, or 6.7 per cent; Oregon third, with 576, or 6 per cent; Nebraska fourth, with 386, or 4 per cent; Minnesota fifth, with 278, or 2.9 per cent; Wisconsin sixth, with 248, or

[4] These percentages are based upon the total 9522.

TABLE II—NUMBER OF PERSONS STERILIZED, BY TYPE OF OPERATION AND SEX OF PERSON STERILIZED, IN STATES HAVING STERILIZATION LAWS

State	A. From Date Law Became Effective to January 1, 1929								B. For the Year Ending January 1, 1929							
	Total Both Sexes	Males			Females				Total Both Sexes	Males			Females			
		Total Males	Vasectomy	Castration	Total Females	Salpingectomy	Oöphorectomy	Other Types		Total Males	Vasectomy	Castration	Total Females	Salpingectomy	Oöphorectomy	Other Types
Arizona	....	....	....	...	....	....	..	..	...	...	...	..	...	...	..	..
California	6298	3445	3445	...	2853	2853	..	..	453	203	203	..	250	250	..	..
Connecticut	153	2	2	...	151	151	..	..	24	...	...	..	24	24	..	..
Delaware	141	103	67	36	38	9	2	27	65	47	42	5	18	5	2	11
Idaho	....	....	....	...	....	....	..	..	...	...	...	..	...	...	..	..
Indiana *	120	118	....	...	2	....	..	..	...	...	...	..	...	...	..	..
Iowa *	57	43	....	...	14	....	..	..	...	...	...	..	...	...	..	..
Kansas	645	411	317	94	234	203	27	4	4	1	1	..	3	3	..	..
Maine	9	2	2	...	7	7	..	..	6	2	2	..	4	4	..	..
Michigan	216	34	30	4	182	182	..	..	99	14	10	4	85	85	..	..
Minnesota	278	25	25	...	253	253	..	..	85	18	18	..	67	67	..	..
Mississippi	....	....	....	...	....	....	..	..	...	...	...	..	...	...	..	..
Montana	53	....	....	...	....	....	..	..	...	...	...	..	...	...	..	..
Nebraska	386	95	95	...	291	291	..	..	...	...	...	..	...	...	..	..
New Hampshire	20	2	2	...	18	18	..	..	3	...	...	..	3	3	..	..
North Carolina	....	....	....	...	....	....	..	..	...	...	...	..	...	...	..	..
North Dakota *	33	18	....	...	15	....	..	..	...	...	...	..	...	...	..	..
Oregon	576	234	226	8	342	335	7	..	79	28	20	8	51	44	7	..
South Dakota	37	11	....	...	26	....	..	..	...	...	...	..	...	...	..	..
Utah	79	43	10	33	36	26	9	1	...	...	...	..	...	...	..	..
Virginia	121	8	8	...	113	101	3	9	117	8	8	..	109	97	3	9
Washington *	9	1	....	...	8	....	..	..	...	...	...	..	...	...	..	..
West Virginia	....	....	....	...	....	....	..	..	...	...	...	..	...	...	..	..
Wisconsin	248	28	28	...	220	220	..	..	30	...	...	..	30	30	..	..
Total	9479	4623	4257	175	4803	4649	48	41	965	321	304	17	644	612	12	20

* Data up to Jan. 1, 1928, only, from *Eugenical News*, Vol. 13, Sept., 1928.

TABLE III—TYPES OF PERSONS STERILIZED FROM DATE LAW BECAME EFFECTIVE TO JANUARY 1, 1929

State	Insane			Feeble-minded			Epileptic			Criminal			Other		
	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females	Total	Males	Females
California	4797	2868	1929	1501	577	924	..	..	..	..	..	..	..	..	..
Connecticut	144	2	142	9	0	9	..	..	..	..	..	..	..	..	..
Delaware	96	79	17	32	13	19	5	4	1	6	6	0	2	1	1
Kansas	550	332	218	66	54	12	28	24	4	1	1	0	..	..	..
Maine	....	....	....	9	2	7	..	..	..	..	..	..	..	..	..
Michigan	....	....	....	216	34	182	..	..	..	..	..	..	..	..	..
Minnesota	89	15	74	189	10	179	..	..	..	..	..	..	..	..	..
Montana	25	12	13	28	...	....	..	..	..	..	..	..	..	..	..
Nebraska	224	59	165	162	36	126	..	..	..	..	..	..	..	..	..
New Hampshire	....	....	....	20	2	18	..	..	..	..	..	..	..	..	..
Oregon	276	151	125	286	74	212	2	0	2	9	9	0	3	0	3
South Dakota	....	....	....	37	11	26	..	..	..	..	..	..	..	..	..
Utah	27	11	16	35	25	10	17	7	10	..	..	..	..	..	..
Virginia	18	2	16	100	6	94	3	0	3	..	..	..	..	..	..
Wisconsin	....	....	....	248	28	220	..	..	..	..	..	..	..	..	..
Total *	6246	3531	2715	2938	872	2038	55	35	20	16	16	0	5	1	4

* The discrepancies between these totals and those of Table II are due to the fact that detailed figures were not obtainable for Indiana, Iowa, Montana, North Dakota, and Washington.

2.6 per cent; and Michigan seventh, with 216, or 2.3 per cent of the total. Less than two per cent of the total operations have been performed in each of the other states.

Detailed figures concerning the classes of persons sterilized are given in Table III, by sex, for each of the fifteen states reporting. Of the remaining nine states, no operations have been performed in five, for the reasons mentioned above, and a total of 219 were performed in Indiana, Iowa, North Dakota, and Washington, which states failed to supply data concerning the classes of persons sterilized. In the fifteen states reporting, 6246 operations were performed upon insane persons, 2938 upon the feeble-minded, 55 upon persons suffering from epilepsy, 16 upon criminals, and 5 upon persons suffering from nervous disorders not falling within any of the other classifications. Insane males comprised seventy-six per cent of all males sterilized, and feeble-minded males, nineteen per cent. Among the females, fifty-six per cent of those sterilized were insane, and forty-two per cent feeble-minded.[5] Among the insane persons sterilized, the males comprised fifty-six per cent and the females forty-four per cent; while among the feeble-minded, the males made up thirty per cent and the females seventy per cent. All of the criminals sterilized were males.

The facts here presented indicate that sterilization is authorized by law in one half of the states of the United States, and that it is being practiced to a rather large extent in seven states. Considerable time must pass before it can be ascertained to what extent this practice will aid in the solution of the problems to which it is applied. The explanatory notes on the contents of the books and articles which follow, indicate clearly the controversial nature of the subject. The writings themselves give detailed arguments in each case, supporting the point of view of the particular writer.

[5] These percentages are based upon the figures, males 4624 and females 4845.

A Selected Annotated Bibliography on Sterilization

The following books and articles are selected on the basis of the writer's point of view towards the question. They are divided into three general groups, those favoring sterilization, those opposing it, and a miscellaneous group containing articles of a more or less neutral or technical nature.

Favoring Sterilization

1. Bess, Thomas. "Sterilization," *Bulletin of State Institutions*, Iowa, 28: 181–96, July, 1926. Gives arguments for and against. Quotes Laughlin and gives other favorable opinions.
2. Gibbons, R. A. "The Treatment of the Congenitally Unfit and of Convicts by Sterilization," *Eugenics Review*, 18: 100–9, July, 1926. Urges sterilization of all "unfit"; defines "unfit" as those whose behavior and conduct make them unable to conform to the ordinary convenances of society, whether the acts are due to genuine mental weakness or merely to moral delinquency. Uses prison statistics to support the argument.
3. Gosney and Popenoe, "Sterilization for Human Betterment," The Macmillan Company, New York: 1929. A summary of the results of 6,000 operations in California, 1909–1929. A very readable little book, strongly favoring sterilization and containing an outline of a state law.
4. James, J. H. "Asexualization: A Remedy for Crime and Criminality," *Minnesota Medicine*, 9: 59–61, Feb., 1926. Also editorial comment p. 89. Considers certain criminals totally and irretrievably depraved. "Sterilization will reduce the vicious and uncontrollable bull to a patient stag."

5. KING, W. F. "Eugenical Sterilization in Indiana," *Indiana Bulletin of Charities and Correction*, No. 139: 302–3, Dec., 1924. Reviews the history of sterilization in Indiana, and gives the Indiana Supreme Court decision of 1921 which declared the sterilization act unconstitutional. Gives provisions for what is considered an effective law.

6. LAUGHLIN, H. H. "Eugenical Sterilization in the United States," *Psychopathic Laboratory of the Municipal Court*, Chicago, 1922, 502 pp. A complete survey of the subject describing in detail, with diagrams, the various types of operations.

7. OWENS-ADAIR, B. A. "Human Sterilization, Its Social and Legislative Aspects." Author, 1922. 442 pp. Strongly favors sterilization. The first chapter of the book states and answers a number of objections to sterilization.

8. "A Roman Catholic View of Sterilization." *Journal of Social Hygiene*, Vol. 14, No. 3, March, 1928. A review by Paul Popenoe of *Das gesetzliche Unfruchtbarmachen Geisteskranker* (The Legal Sterilization of the Mentally Diseased) by Joseph Mayer. Dr. Mayer, who is a Roman Catholic priest associated with the Institute for Social Work at the University of Freiburg, shows that facts and the opinions of leading Roman Catholic theologians indicate that eugenic sterilization is, in principle, to be approved in certain cases.

9. THOMAS, J. N. "Increasing Insanity in This Country and What Should be Done About It." *New Orleans Medical and Surgical Journal*, 79: 330–35, Nov., 1926. Bases argument on hereditary transmission of mental disease and defect. Gives a number of family histories and feeble-minded cases in Louisiana state institutions.

10. U. S. Supreme Court Decision Upholding the Virginia Sterilization Law. Review and Abstract." *Eugenical News*, 12: 74, June, 1927.

Opposing Sterilization

11. "Sterilization and Mental Deficiency," *Central Association for Mental Welfare*, London: 1923, 6 pp. Opposes sterilization on the following grounds and advocates segregation and supervision: (1) Selection and diagnosis impracticable; (2) would not prevent non-feeble-minded from having feeble-minded children; (3) many feeble-minded are anti-social and need institutional care whether sterilized or not; segregation itself prevents propagation; (4) sterilization would increase sexual assaults by irresponsibles and would lead to promiscuity and the spread of venereal disease.

12. ELKIND, H. B. "Feeble-mindedness, Eugenics or Control," *Massachusetts Health Journal*, v. 9, p. 9. April, 1928. Urges segregation when necessary, and care and training of higher grade cases.

13. ELLIS, HAVELOCK. "Sterilization of the Unfit," *British Medical Journal*, No. 3254, p. 835, May 12, 1923. Opposes compulsory sterilization. Considers sterilization a matter to be left in the hands of medical men, to be used when they consider it necessary. Believes no law concerning it is needed.

14. "Heredity and Sterilization," *Illinois Medical Journal*, 45: 231–32, April, 1924. Brief editorial opposing sterilization on the basis of the argument from heredity.

15. LANGDON-DOWN, R. "Sterilization as a Practical Policy," *Eugenics Review*, 18: 205–10, Oct., 1926. Same arguments as those used by the Central Association for Mental Welfare. Opposes arguments of Gibbons in an article entitled "The Treatment of the Congenitally Unfit and of Convicts by Sterilization."

16. "Mental Disorder and Deficiency. Work of the Board of Control in 1926," *Lancet*, London, 208: 677–78, Sept. 24, 1927. Summarizes the board's report regarding sterilization. Quotes Dr. Douglas Turner of the Royal Eastern Counties Institution,

"who supports by convincing argument the view that the proportion of mental defectives whom sterilization would release from supervision is only about three per cent."

17. MYERSON, ABRAHAM. "Some Objections to Sterilization," *Birth Control Review*, v. 12, p. 81, March, 1928. Opposes sterilization on the ground that we know too little concerning heredity of mental disease and feeblemindedness.
18. "The Sterilization of Mental Defectives." *Lancet*, London, 210: 561, March 13, 1926. Short editorial urging segregation on the ground that it will accomplish the same results as sterilization and in addition will eliminate possibilities of sex promiscuity, and will remove the mental defectives from communities where their presence is distasteful to the majority of the people.
19. TREDGOLD, A. F. "The Sterilization of Mental Defectives." *Mental Welfare*, 7: 35–41, April 15, 1926. The most complete consideration of all the arguments opposing sterilization.
20. VONDERAHE, A. R. "The Sterilization of the Feeble-minded." *National Catholic Welfare Council Bulletin*, 9: 29–30, August, 1927. A Roman Catholic viewpoint clearly expressed.

Miscellaneous

21. ASCHNER, A. J. "The Surgical Treatment of Habitual Criminals, Imbeciles, Perverts, Paupers, Morons, Epileptics, and Degenerates," *Annals of Surgery*, 81, pp. 321, Sept., 1925.
22. BARR, M. W. "Some Notes on Asexualization," *Journal of Nervous and Mental Diseases*, 51, March, 1920.
23. *Birth Control Review*, March, 1928. A special number on sterilization, giving a number of leading articles both favorable and opposed.
24. DICKINSON, R. L. "Sterilization Without Unsexing," *Jour. Amer. Med. Assoc.*, 92: 373, Feb. 2, 1929.
25. FISHER, R. A. "The Elimination of Mental Defect," *Eugenics Review*, 16: 114–16, July, 1924. *Journal of Heredity*, v. 18, p. 529–31, Dec., 1927. Statistical article. Either sterilization or segregation will in time reduce mental deficiency to a minimum.
26. KOHLS, E. "Sterilization for Prevention of Mentally Inferior Offspring," *Archives f. Psychiat.*, v. 77, p. 285–302, 1926. Abstract *Jour. Amer. Med. Assoc.*, v. 87, p. 370, July 31, 1926. A consideration of the therapeutic value of sterilization.
27. LANDMAN, J. H. "The History of Human Sterilization in the United States, Theory, Statute, Adjudication." *Illinois Law Review*, v. 23, No. 5, Jan., 1929. Deals chiefly with the legal aspect of sterilization, particularly as to court decisions on the constitutionality of the various State laws.
28. RHODES, F. L. "Heredity and Sterilization." *Ohio State Med. Journal*, v. 22, p. 604–06, July, 1926.
29. "Sterilization and Mental Disease." *Lancet*, London, v. 214, p. 864–65, April 28, 1928; *Public Health Journal*, Toronto, v. 19, p. 331–32, July 1928. Editorial.
30. "Sterilization, Its Medical Aspects, Indications, Surgical Technique, and Results." *Committee on Maternal Health*, Academy of Medicine, New York City.

Mental Hygiene in Preventive Medicine

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THE term "hygiene" has been long in use and conveys a pretty definite meaning. Previous to the establishment of the National Committee for Mental Hygiene in 1909, however, the term "mental hygiene" was rarely heard, and it had appeared in literature only a few times. Professor Sedgwick states that "hygiene is the whole science and art of the conservation and promotion of health both in individuals and in communities." When the word "health" embraces the healthy functioning of the whole personality, this definition will bring "mental hygiene" within the meaning of the term "hygiene."

The terms, "public health," "preventive medicine," and "sanitary science," are applied to branches of hygiene that are precise, highly organized, and scientific. All, however, are embraced under the term "hygiene." The place of mental hygiene in the scheme of public health, preventive medicine, sanitary science, and general hygiene cannot be clearly defined. This could hardly be expected at this stage of its development.

Body and Mind

One's views on the subject are likely to be controlled by one's understanding and attitude in regard to the place of man's mentality and its disorders as a subject of medical study and practice. Mentality is the highest and most distinguishing attribute of the human organism. Medicine, however, has been more concerned with the structure of the organism and with the related functions of its various tissues, organs, and systems, than with the organism as a whole and with its behavior as a completely integrated unit or personality. To explain this fully, it would be necessary to review much of the history of medicine from earliest times.

Hippocrates, the Father of Medicine, more than two thousand years ago believed that healthy mentality was determined by the condition of the brain. He referred in his writings to mania, melancholia, dementia, hysteria and epilepsy, using these terms and attributing them to disease of the brain. Nevertheless, the prevailing view in his time, and down even to our own times, was that man consisted of body and soul. The soul was conceived as inhabiting the body, and mental disorders were looked upon as chiefly disorders of the soul. The cases were considered to be subjects for the ministrations of magicians and priests rather than of physicians.

Although this idea no longer prevails, Professor Dewey, the philosopher, says that our present ideas about the human organism are largely a survival, with changed vocabulary, of the old ideas of body and soul. He says:

> The nervous system is conceived as a substitute, mysteriously within the body. But as the soul was "simple," and therefore not diffused through the body, so the nervous system as the seat of mental events is narrowed down to the brain, and then to the cortex of the brain; while many physiological inquirers would doubt-

less feel enormously relieved if a specific portion of the cortex could be ascertained to be *the* seat of consciousness. . . . Those who talk most of the organism, physiologists and psychologists, are often just those who display least sense of the intimate, delicate, and subtle interdependence of all organic structures and processes with one another.

It can scarcely be disputed that the nervous system is the essential mental mechanism of the organism. In practice, however, what we know of it does not provide adequate means of understanding and dealing with the mental problems of our patients. It is necessary to study the human organism as it functions as a completely integrated unit or personality. Behavior that involves mental activity consists in the interplay between the organism, involving perhaps all of its parts and processes, and the environmental conditions and the experiences to which it is exposed. If one accepts this view of the organism and of its disorders, it can readily be seen that mental hygiene must be given a place in clinical and preventive medicine, and in public health projects.

MEDICINE AND PSYCHIATRY

Medicine, however, has not in the past been disposed to include mentality as a subject for the precise study and attention that has been given to the physical structure and functions of the organism. Whether this is because of the body and soul idea that has prevailed, or because medicine has been so fully committed to the experimental and laboratory methods of the physical sciences, is hard to say. In any case, the problems of mentality and its disorders have been left to the philosopher, the psychologist, the teacher, the clergyman, and the correctional officer, and to a small group of medical specialists who were set apart, as it were, to furnish indispensable medical attention to the grosser forms of disorders which necessitated the removal of those affected by them from society and their segregation in institutions.

Notwithstanding this reluctance of medicine to undertake the task, conditions presented by the persons affected have been of such character that they have come to be more and more regarded as proper subjects for treatment by physicians. Until quite recently, however, this was the only advance made, and all that was recognized was the necessity for medical management and service in the treatment of the grosser forms in institutions—the insane and the feebleminded. The prevailing views were accepted by both the physicians and the public. The perfectly obvious fact that cases which eventually would require institutional care were constantly developing in every community as a result of conditions to which they were there exposed, seemed to pass unnoticed.

Under these circumstances it was not to be expected that in the advancement of clinical and preventive medicine, the nature, the causes, the treatment, and the prevention of the problems and the disorders of mentality would be given much attention. In the meantime, however, a body of knowledge and experience was being built up by the small group of physicians engaged in this field, and was finding expression in an extensive literature. Up to quite recent times, this was all of psychiatry.

EXTENSION OF PSYCHIATRY

About sixty years ago, Charcot showed that many of the physical symptoms of hysterical cases were mental in character. This led to observations of other forms of ailments

and disabilities that had previously been regarded and treated by the methods of ordinary clinical medicine, or more often had been neglected or avoided by physicians and had provided a harvest for mystical healers and charlatans.

These conditions, termed neuroses, psychoneuroses, psychopathic states, and so forth, are now considered to be essentially mental in character. They are met with in every branch of medical practice. They frequently masquerade in the guise of symptoms of physical diseases. They may furnish part of the symtomatology presented in demonstrable organic conditions. They create difficulties in diagnosis, modify results of treatment, retard convalescence, and create disabilities that impair the value of every kind of medical and surgical procedure.

Heretofore, physicians either have dismissed these cases unrelieved or have dealt with them only by means of the knowledge and the common sense methods which physicians possess in common with intelligent persons generally. The masters of medicine in every age, however, have recognized the necessity in medical practice of understanding and treating the patient as well as his disease. Of Cullen, a great clinician and teacher of the eighteenth century, it is said: "He dethroned disease and set up the patient." Virchow, in more recent times, wrote: "Treat not only the disease, treat also the patient." With the advance that has been made in the understanding and the treatment of mental problems, medicine seems now to have reached a period when this will become a settled practice, not by commonplace and rule of thumb methods, but by the more precise and effective methods of psychiatry.

This branch of medicine has now extended its activities far beyond the bounds of institutional practice. By means of out-patient clinics, private practice, child guidance clinics, and in coöperation with other branches of medicine in both hospital and private practice, psychiatry is extending service to conditions which previously received such attention only when presented in their most aggravated forms, insanity and feeble-mindedness. Psychiatric and mental hygiene knowledge is now infiltrating the general stream of medical knowledge and of knowledge in general. It is recognized that man's illnesses and disabilities cannot be adequately treated without taking account of his mentality and of the way he has been affected by his life experiences.

People apply to physicians for relief from ailments and disabilities. The task of medicine can hardly be considered successfully performed unless such relief as is humanly possible is obtained. If the methods ordinarily employed in medical practice fail to reveal any of the described diseases or pathological conditions, it will not solve the problem to tell the patient that there is nothing the matter with him, that he imagines something, or was born wrong. This practice is sometimes followed but is not satisfactory to either patient or physician, and is an acknowledgment of defeat.

It is estimated that from forty to sixty per cent of the ailments for which physicians are consulted are essentially mental in character. A discussion by gastrointestinal specialists at a meeting of the American Medical Association indicated that one third of the cases which consulted them were of this character. Dr. William J. Mayo has said that "neurasthenia, psychasthenia, hysteria and allied neuroses are the causes of more human misery than tuberculosis and cancer." The number of hospital beds for mental cases exceeds the number in all the

general hospitals. The number of patients treated in psychiatric out-patient clinics in New York City last year equaled the number of patients admitted into the mental hospitals that received from the City, and was nearly equal to the number of cases of tuberculosis that received out-patient treatment. The number of such cases treated in unspecialized clinics was undoubtedly much larger. The statistician of the New York State Department of Mental Hygiene estimates that 4.5 per cent of the babies born in New York State in 1928 will eventually become patients in the state hospitals for mental disorders. The problem of the present and of the developing cases of all kinds and degrees of mental disorders is therefore one of enormous proportions. Although it presents aspects that are not altogether medical, it would seem as though the medical profession must make the largest and the most important contribution of knowledge and effort towards its solution.

PREVENTIVE MEDICINE AND PREVENTIVE PSYCHIATRY

It is, I think, generally conceded that the first advance in preventive medicine is by means of clinical medicine. In regard to this, Sir Arthur Newsholme says: "It is largely through the study of disease and its treatment that knowledge of its prevention has come; and, furthermore, treatment of individual illness must continue to be a chief means of preventing it." It would seem, therefore, that for the application of mental hygiene in preventive medicine and public health measures, clinical psychiatry will have to advance to a more important place than it now has in the knowledge and the practice of the general medical profession.

So far as mental hygiene is concerned with the prevention of many forms of mental disorder, it is dependent upon the efforts of preventive medicine. Nearly half of the cases admitted to hospitals for mental disorders are suffering from organic diseases which can be treated and prevented only by means of the methods of clinical and preventive medicine. A very large proportion of the cases are syphilitic. The number of deaths from one form of syphilitic brain disease, general paresis, exceeds the number of deaths from some forms of acute infectious disease. The acute infections, encephalitis, pellagra, and toxic substances such as alcohol, narcotic drugs, and other poisons operate as causes in many cases. Arteriosclerosis, cardionephritic disease, endocrine disorders, and many other physical diseases must be dealt with in a preventive effort against mental disorders. In the out-patient psychiatric field a similar problem is presented, and half of the cases that apply, present physical diseases and disturbances that require ordinary clinical medicine procedures. To this extent, therefore, mental hygiene, or the department of it that may be called preventive psychiatry, must become closely allied with preventive medicine.

On the other hand, there can be no doubt that many cases of illness and disability that come within the practice of physicians in all branches of medicine present mental problems that are of major or paramount importance. The experiences of the war demonstrated the value of psychiatry and mental hygiene in maintaining in health and activity persons who otherwise would have been lost to the army, and, in some instances, would have become permanently invalided and dependent. That which worked so well under war conditions would undoubtedly be similarly effective in the pursuits of peace.

Cannon has shown experimentally the effects of acute emotional excitation on the bodily functions and these have been many times confirmed by clinical observations. It has also been shown that repressed experiences of emotional significance are sometimes released in symbolic form as physical symptoms. A woman at a general hospital who was admitted because of severe vomiting was found to be free from organic disease. A psychiatric examination revealed that she had suffered from several previous attacks of similar character, and that all had occurred only when her husband, a travelling man from whom she wished to be separated, returned home. Henderson and Gillespie relate the case of a man forty-seven years of age who complained of attacks of diarrhoea especially when travelling, of sweating of the hands and feet, of dizziness, trembling, insomnia, irritability, and loss of memory. He was treated for three months by ordinary medical measures, including a sojourn at the seashore, without improvement. A psychiatric examination revealed that he had recently been transferred to a travelling position by the firm for whom he worked. This made him apprehensive that he was to be superseded in the business by the son of his employer, who had been given the position previously held by the patient. When he was reassured, and the emotional character and origin of his physical condition was explained to him, he promptly recovered and remained well.

CAREFUL INQUIRY NECESSARY FOR UNDERSTANDING AND TREATMENT

Many cases of vomiting, diarrhoea, and pains are of a character similar to those cited. These conditions not infrequently become quite severe and persistent. Inquiry into the past of persons thus suffering may reveal previous neurotic disturbances. The complaints made are usually incongruous and inconsistent with known clinical pictures. An inquiry of this kind, is, however, usually omitted in routine medical procedure, and, though the physical findings are not entirely convincing, surgical treatment is frequently resorted to, without benefit. In some instances, the patient's condition is aggravated by this treatment.

A woman admitted to a psychiatric hospital had, previous to admission, been operated upon four times within six months, for vomiting and abdominal pains with which she had at times been affected during the previous three years. The pathology discovered was meager and no improvement resulted. Her history revealed that she was of markedly neurotic and psychotic stock, and had from girlhood suffered from headaches, amenorrhea, and other symptoms for which she took considerable quantities of sedative drugs. She had successfully completed a course in nursing, but in her relations with others seemed always on the defensive and unhappy. The physical examination showed poorly developed genital organs. At the hospital, she was at first insistent upon additional surgical operations. She regurgitated food for a short time, but soon began to improve and during the first month gained twenty pounds in weight. After three months she returned to her work, relieved of her abdominal symptoms but still, of course, a neurotic subject.

Many similar cases could be cited presenting symptoms of varying character. Pelvic and rectal pains and uneasiness, circulatory disturbances, pains, tenseness, pressures, and other unpleasant sensations in the head and other parts of the body, neurotic fixations on diseases of the nose, the throat, the ears, the eyes, the joints, or of any system or organ, are commonly

observed. Traumatic neuroses are of this character. A woman at a general hospital who complained of vaguely described pains on one side of the body, was found by the psychiatrist to have been, not long before, in an automobile accident. No signs of injury were observed at the time, but her present pains were on the side of the body which had been struck and a suit for damages was pending.

It is of course important, in every case, to make a careful physical examination before arriving at conclusions. It is apparent, however, that unless a careful history is taken and an examination is made as to neurotic or psychotic possibilities, such cases as have been cited will not be understood nor properly treated. Cases of schizophrenia, of depression, and of other psychotic conditions, as well as of psychoneuroses, frequently consult physicians concerning physical symptoms. It can readily be understood that if their real condition is not discerned, grave consequences may result, such as suicide, homicide, domestic and economic calamities.

The recognition and treatment of these conditions by physicians generally would accomplish a remarkable advance in the prevention of the graver forms of mental disorder which are such an economic and moral burden on every community. Many cases are, indeed, complex and present difficulties that require the services of an experienced psychiatrist. Many are, however, almost absurdly simple. An inquiry into the personal history and experiences of the case, and an appreciation of the medical significance of events, experiences, and personal reactions that have not heretofore been regarded as subjects of medical scrutiny and evaluation, will solve the problems of many cases.

A man admitted to a psychiatric hospital with a third attack of depression gave a history of uninterrupted good health until, before each of his attacks of depression, he had been promoted to a position of greater responsibility. He was a man of good ability but had evidently, in the subordinate positions, reached the limit of his unaided emotional capacity for adjustment to responsibility. Such cases almost invariably consult physicians, often long before the final break and resort to hospital treatment, for such symptoms as insomnia, loss of appetite, constipation, muscular weakness, and other physical symptoms. Observation of their moods and inquiry into their past history and experiences are necessary to an understanding and proper treatment.

DIFFICULTIES OF CHILDREN

With regard to early treatment and prevention, it is especially important that the mental factors that operated in the production of conditions for which children are brought to physicians should be recognized and adequately dealt with. Besides the more usual medical problems presented by children, physicians are consulted concerning habit spasms, compulsive behavior and phobias, speech disturbances and reading difficulties, restlessness and fidgeting, mannerisms, nail-biting, masturbation, bed-wetting, night terrors, temper tantrums, sulking and moodiness, dullness, and such behavior as persistent truancy, lying, stealing, cruelty, rowdyism, and so forth.

People realize that there is something abnormal in such manifestations and they look to physicians to understand and advise concerning them. A boy was brought to a psychiatric hospital because he had committed several burglaries. When these were traced to him, it was found that he had carefully kept all the stolen articles

and tagged them for identification. On examination, he was found to have a complete alopecia, which made him an object of ridicule by his companions. The burglaries were merely an attempt to gain distinction with the boys and to maintain his self-respect by a dramatic display of spirit and courage. After a period of hospital study and training, the use of a wig, and a period of supervised adjustment to school life, he had no further trouble. It is found that the behavior problems frequently met in crippled and otherwise physically handicapped children are not necessarily the direct effect of their physical disease or deformity, but are the result of bad management in the home and the school.

Much more could be said along these lines. What I wish to convey is:

1. That mental hygiene is a part of general hygiene, its object being the conservation and the promotion of the health of the whole organism or personality of individuals as such and as members of communities.

2. That medicine should give as precise study and attention to man as a completely integrated living organism, as it gives to his structure, tissues, organs, and systems and to their related functions, instead of clinging to the old conception of soul and body or mind and body.

3. That mental factors have a part, and often the essential part, in the production of many of the ailments and disabilities for which physicians are consulted.

4. That insanity and feeble-mindedness are aggravated forms of conditions that, in various stages and forms, are found in every community, even among persons who are not incapacitated.

5. That the early recognition, treatment, and prevention of these conditions will be greatly advanced by the adoption of the viewpoint and of the history-taking and examination methods of psychiatry, by clinical and preventive medicine.

MEDICAL PRACTICE AND MENTAL HYGIENE

Mental hygiene, however, embraces a much wider field of knowledge and practice than the treatment and the prevention of mental disorders. Its ultimate aim is the conservation and the promotion of healthy mentality or, more accurately, healthy personality. This is a large undertaking and engages also the attention of other departments of knowledge and effort for the advancement of human welfare. It has occupied the greatest minds of all time, in philosophy, religion, education, politics, and the social sciences generally.

As at present understood, however, practical mental hygiene is an outgrowth of psychiatry, just as general hygiene is an outgrowth of medicine. It consists principally in the application to the conservation and the promotion of healthy personality of the knowledge and the methods that have been developed in psychiatry, which is a branch of medicine. It is directed principally to the individual, but has also assumed the form of a social development. It became possible when psychiatry, with contributions from modern psychology and social studies, had advanced far enough to reveal, with considerable clearness, some of the dynamic factors that shape human behavior and produce mental disability and disease. Kraepelin's descriptions and etiological and prognostic observations helped; the advances in psychopathology and knowledge of personality made by Janet, Freud, Meyer and others also contributed.

Broadly considered, mental hygiene is concerned with whatever impairs mentality and the quality of human

behavior, and with whatever conserves and promotes them. The conditions that affect the physical organism in such a way as to impair the functioning of the organism as a personality are the concern of mental hygiene; but the special task of overcoming them seems to belong more definitely to preventive medicine and to sanitary science. Mental hygiene is more especially concerned with the mental factors that operate in impairing or preventing healthy personality. It aims to spread knowledge concerning the mental factors in all illness and disability, and to enlist the aid of clinical medicine, preventive medicine, and other branches of knowledge and effort in recognizing them and in applying appropriate measures. It is greatly concerned with the conditions and the forces that operate in shaping personality development, and in promoting adequate adjustment to the experiences and the requirements of personal and social relations. It is concerned with the critical periods and events of life, when understanding and skilled advice and guidance may be of vital importance. Early childhood, puberty, and adolescence, educational and vocational adjustment, love and marriage, family relations, involution and decline in life, all present conditions and problems that may be benefited by means of the knowledge and the methods of mental hygiene.

DISTURBING FACTORS IN EARLY LIFE

It is known that the foundations of psychoneuroses and of some forms of psychoses are laid in early childhood. Some of the principal factors that operate are:

1. Bodily and mental handicaps due to heredity, congenital diseases, birth accidents, deformities, crippling diseases, special sense defects, peculiarities of feature and stature, endocrine disturbances, muscular dystrophies, nutritional disorders, and many others.

Mental hygiene is concerned not only with the way in which the physical organism may be affected, but with the mental reactions and situations that may be occasioned. These conditions tend to isolate the child and shut him off from wholesome relationships and activities. Often a child so affected is not favorably regarded in the home. He may be suppressed, nagged, bullied, ridiculed, or ignored, both there and at school and at play. Children brought to psychiatrists on account of behavior problems accompanying such disabilities frequently make an adequate mental adjustment under good management. If their difficulties are not understood and properly managed, such children may never make a good adjustment to objective interests and activities, and may readily develop psychoneurotic or psychotic mechanisms.

2. Overindulgence may operate in impairing personality development and in laying the foundation for mental disorder. The earliest cravings of a child are imperative. His very existence depends upon satisfying them. He is also entirely dependent and is the center of interest and attention. As he develops, he should become less dependent and require less attention. This emancipation is not altogether acceptable, and unless it is gradually accomplished, the child's resistance may take the form of abnormal means of gaining his desires. Temper tantrums, sulking, mischievous behavior, physical ailments that bring attention and escape from objectionable demands, and similar means may be resorted to.

The situation becomes more difficult as desires become more numerous and complex. Parental authority, school and occupational requirements, social

standards and customs, religious and ethical demands, and the desire for approval and success in life conspire to increase the conflict as life goes on. Gradually, psychoneurotic or psychotic mechanisms may become more and more controlling, and the subject is unable to develop a capacity for social or occupational adjustment and becomes one of life's failures.

3. Oversuppression may be equally detrimental. Nagging, bullying, brutality, or idealistic demands in childhood frequently lead to resentment against all authority. This is shown in the child's reactions in the home, the school, the occupational and the social life. It is often attended with a sense of insecurity and apprehensiveness that cripples efficiency. Mood swings, depression even to suicide may be produced. Constant emotional tension may be accompanied by characteristic visceral disturbances; or compensatory conduct disorders may develop, leading to delinquency and criminal acts.

4. Accidental or situational experiences that make a strong emotional impression may exercise a profound influence on personality development. Sex experiences in home relations, with playmates and older acquaintances, accidental incidents, may lead to sex preoccupation, persistent phantasies, autoeroticism, homosexuality, resistances, and perversions that may fatally interfere with healthy personality development and adjustment to the requirements of life. Such experiences may be repressed and eventually may find expression in symbolic forms, creating the phobias, the compulsions, the schizophrenic phantasies, the delusional developments and the psychopathic personality traits which are met in medical practice.

Puberty and adolescence may present problems that are the outgrowth of conditions and experiences that were met in childhood. A certain degree of self-consciousness and over self-assertion is not uncommon at this period. It is a time for the development of wholesome heterosexual understanding and interests, and for healthy sublimation in objective interests and activities.

Problems of Adults

Educational and vocational adjustment may be attended with situations and difficulties in which the employment of mental hygiene knowledge and methods may be of considerable value. Here also, it is frequently necessary to look for explanations and guidance in conditions and experiences that go back to childhood. A young man twenty-five years of age, a graduate of a university, had become morose, irritable, vacillating, and resentful. It was found that because of muscular deficiency he had always been clumsy and unable to engage in games and play. He had become solitary, given to phantasy and autoeroticism. After leaving college, he was unable to find satisfaction in any occupation he had undertaken, and was vacillating and discontented. His father, a man of strong personality, who had won his way to high position, was an irritation to him because of his feeling that he could never meet his father's expectations. His respect for his father was mingled with bitter resentment. He was also in love with a girl whom he despaired of being able to marry, and was preoccupied with sex phantasies. After a number of interviews, it was found that his best subject at school and college was mathematics. He was encouraged to accept a position in the actuarial department of an insurance company. He has occupied this position for three years, has been promoted, is living contentedly away from his

parents, has developed new interests, and seems to be making a reasonably good adjustment.

Love and marriage may present problems of the greatest concern in mental hygiene. The greatest care is necessary in advising. The problems of an erotic manic or schizophrenic are increased rather than diminished by marriage, although this is not infrequently recommended as a remedy by the ill-informed. Maternity is likely to complicate the situation still further, and the psychoses designated puerperal are often the final collapse of a schizophrenic. Marital complications are amongst the dynamic factors in the etiology of many of the cases found in hospital and out-patient practice.

The involution period and the decline of life are also attended with conditions with which mental hygiene is concerned. Decline in sexual potency, and diminished capacity for activity, may be accompanied by neurotic and even psychotic manifestations. Suicide may be attempted, or failure to adjust to the new conditions may result in complete disability and dependency. Anticipation of this period and adjustment in vocational and recreational pursuits, with some explanations and instructions, may prevent disaster and accomplish a continuation of satisfactory living.

ORGANIZED MENTAL HYGIENE

Much more might be presented in regard to mental hygiene as applied to individuals. It will be necessary, however, before closing, briefly to discuss organized mental hygiene. This had its formal beginning in the establishment in 1908 of the Connecticut Society for Mental Hygiene. The Society was organized by Clifford W. Beers, a graduate of Yale University, who had for three years suffered from a psychosis from which he recovered. With a desire to promote the better treatment of persons suffering from mental disorders, he gave, in a book entitled *A Mind that Found Itself*, a vivid and appealing account of his experiences and advocated the establishment of a National Committee for Mental Hygiene. He received encouragement and aid from Professor William James, Dr. Adolf Meyer, and others, and the National Committee was organized. The first Medical Director of the Committee, Dr. Thomas W. Salmon, was a man of remarkable personality and ability, and it was he who developed the Committee into a powerful agency for the advancement of mental hygiene. The movement has now become world wide, and many state and local committees and societies have been organized throughout the civilized world. During the past year, an International Committee for Mental Hygiene was organized, and in May, 1930, an International Congress will be held in Washington.

As a consequence of the interest and activity excited, many advances have been made in every form of mental hygiene effort. The organized methods of dealing with mental disorders, such as laws, hospitals, community provision, and so forth, have been improved. Out-patient psychiatric clinics have been established, and psychiatric service has been provided or extended in many general hospitals. The value of psychiatric knowledge and methods in dealing with problems of behavior and adjustment in schools, colleges, welfare agencies, courts and correctional institutions, and industry, has been recognized by the establishment of psychiatric service in the operation of these organizations. By means of out-patient service, means have been provided for furnishing psychiatric attention for conditions

that were formerly neglected, and for preventing the development of more severe forms of disorder.

In order to concentrate effort on preventive work on children, child guidance clinics have been established, and recently an Institute of Child Guidance has been organized to carry on research work and to train workers for child guidance activity.

The National Committee awards fellowships for the education of physicians, psychologists, and social workers for this and other branches of mental hygiene. In medical education, psychiatry and mental hygiene are gradually assuming a more prominent place in the curriculum, and in all new developments for medical education, provision is made for psychiatric service and practice in intimate relations with the other branches of medicine.

The problems of psychiatry and mental hygiene are complex and often extremely difficult. To deal with them will require the best efforts of many branches of knowledge and practice. They are, however, inextricably linked with the problems of medical science and with the tasks that must be performed in practical medicine. In the nature of things, it is the medical profession that will be expected to furnish the knowledge, the skill, and the leadership that are required to accomplish the prevention of mental disorders and the conservation and promotion of healthy mentality in individuals and in communities.

The Runaway Child: A Case Study

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IN planning this study an attempt was made to understand the personality of the child and his environment. The child's physical and mental make-up, his experiences and his reactions to these experiences, his relationship to his family and to the outside world, in short, the child's total personality and his reactions to his world were studied in as much detail as possible.

The term "runaway" as used in the following study includes children who have remained away from home over night or for a longer period, thus excluding children who are merely truants from school. The children studied were brought to the Boston Psychopathic Hospital by parents, social agencies, or the courts, so that the psychological and physical factors influencing their problems might be determined and treatment prescribed.

The case studies of the seventy-five runaway children used were unselected. The data were taken from house medical records, out-patient medical records and social service records of the Boston Psychopathic Hospital covering the period from January, 1920, to February, 1926. Medical, psychiatric, psychological, and social data were reported by members of the staff. The data on some of the case records are unfortunately limited as the records were not written with this study in mind.

Ages and Environments

Of the seventy-five children studied, forty-eight were boys and twenty-seven girls. The youngest child was a runaway boy three years of age who frequently wandered away from home at night, and was returned the following morning by the police. The oldest age group was eighteen to nineteen years, in which were included five girls and one boy. Three fourths of the boys in comparison to one fourth of the girls ran away when they were less than fourteen years of age. These figures are sufficiently striking to bring out the fact that the runaway tendency is stronger in boys under fourteen years of age than it is in girls of the same age group, and that the motives behind these episodes differ according to sex as well as according to personality.

In studying the home environment of these children, both the physical and the psychological aspects were considered. Twenty-three of the seventy-five children had apparently satisfactory physical home surroundings, and twenty-two children had homes which were dirty, overcrowded, or in poor neighborhoods. Data regarding the home conditions of thirty children were unobtainable.

The family group and the child's relationship to it were felt to constitute the psychological environment. No data regarding the home atmosphere of eight of the children were available. In the group studied, ten children were found to have lost one parent, and six children, both. Seven children had step-parents. Of these, five were reported to have satisfactory relations with the step-parents, but the remaining two children suffered from partiality shown to half brothers and sisters, and from cruel treatment and neglect. The five children who were reported to

have satisfactory relations with the step-parents did not suffer from neglect or partiality, but resented the replacement of their natural parents.

This antagonism to the step-parents is illustrated by the history of a seventeen-year-old girl who had kept house for her younger brothers and sisters for several years following her mother's death. Instead of welcoming the coming of her step-mother as a respite from responsibility, she resented it, and although there were many efforts made by the step-mother to win her affection, she frequently ran away from home.

DELINQUENCIES OF PARENTS

Separation of the parents occurred only twice, but with far-reaching results. A Jewish boy of ten, whose father had been charged three times with nonsupport, and had been consistently cruel to the boy and his four-months-old sister, had been running away for three years before he was brought into the hospital. His mother had obtained a separation from her husband at this time and had peddled clothes from door to door in order to support herself and her children. Almost immediately the boy began to steal and to run away. On admission to the hospital it was found that he was suffering from an extreme sense of inferiority because of the type of his mother's employment. When he was with other children he felt so humilated that he refused to play with them and gained his satisfaction by stealing and running away.

Alcoholism and immorality of the parents were also found to cause dissatisfaction within a child. Seven children were found to suffer from cruelty and neglect due to alcoholism of one or of both parents, and five were perplexed by the problems of parental immorality. With these children the immorality of their parents caused conflict as they soon discovered that their parents were not living within the accepted code of ethics, and this conflict resulted not only in emotional disturbances, but also in a loss of respect for the character and authority of their parents.

Another situation upsetting to the children was constant quarreling and dissension between the parents as to the way in which a child should be brought up. This situation occurred in the homes of sixteen children. The atmosphere of such homes was neither sympathetic nor healthy. The child soon found himself to be the center of the group, with his parents quarreling about him, and as a result he had neither confidence in nor respect for them.

Obviously, the child who had mentally deficient, mentally diseased, or emotionally unstable parents was at a distinct disadvantage. Six children were reported to have one mentally defective parent, four had one parent in a state hospital for mental diseases, and ten had extremely emotionally unstable parents. Neglect, cruelty, and indifference proved to be the result of such family situations.

UNWISE DISCIPLINE

The question of the discipline of the child by his parents was also considered. Seventeen children were found to have been subjected to too strict discipline, and twenty were reported to have had no discipline. It is seen, then, that one extreme may be just as undesirable for the child as the other, for with too strict discipline there was insufficient satisfaction and perhaps cruelty, and with no discipline there was a lack of respect, authority and control. It can hardly be assumed that the remaining thirty-eight children had parents wise in the administration of discipline, but the absence of data is probably due to the fact that

the information regarding the lack or harshness of the discipline was not striking enough to cause the examiner to record it.

Six children were found to have mothers away from the home during the day because of the necessity of supplementing the family income. One boy of fourteen seemed to be the only child who resented the added responsibility due to his mother's absence. This resentment is easy to explain when one realizes that he had to call for his baby sister at a neighbor's and do the housekeeping after school hours.

The relation of a child to his sisters and brothers, from the data in this study, seems to be relatively unimportant. Of this group, only six children were unable to get on with their siblings. This maladjustment was due to the fact that parents had shown extreme partiality, and jealousy had resulted.

There were three illegitimate children found in this group. One seven-year-old boy had an extremely unhappy life. His mother had been committed to the Massachusetts Training School for Girls at Lancaster when he was one month of age and he had been placed on a farm. He remained there for four years, when his mother married, on her discharge from Lancaster, and took him to live with her. He did not know that he was illegitimate, but he neither loved nor respected his mother, who had no influence over him. Great partiality was shown to his new baby sister and our patient felt a lack of affection which disturbed him, so that he ran away to escape his unhappy surroundings.

Another illegitimate child, a ten-year-old boy, had been placed with a friend of his mother's, where he remained until nine years of age. His mother married and took him to live with his step-father and half sister, from whom he repeatedly ran away. As the boy was retarded mentally, it is doubtful if a knowledge of his illegitimacy played a great part in his running-away escapades.

A third child, a thirteen-year-old girl, had never been told that she had been taken from a foundling asylum. In fact, she did not even know that her foster parents were not her natural parents. Her main difficulty was in her adjustment to her school life, where she was regarded as bright but erratic. It was felt that there might be some conflict or suspicion that her parents were not her own parents, as she never referred to them, and displayed no affection for them.

It cannot be said then, that in this particular group, conflict over illegitimacy itself played a large part in creating the runaway tendency.

"NO PLACE LIKE HOME"

The number of children brought up outside their family groups totaled twelve. Seven children were cared for by relatives and five by social agencies. No matter how ideal these placements were, it was evident that in these cases, at least, the children were conscious that their family relationships differed from those of children who lived with their own parents.

An analysis of the factors causing dissatisfaction in the homes of these seventy-five children exclusive of physical conditions, and the number of times these factors occurred, follows:—

Too lenient discipline	20
Too strict discipline	17
Death of one or both parents	16
Quarreling between parents	16
Emotional instability of parents	10
Cruelty of parents	9
Lack of parental affection	9
Stepmother or stepfather	7
Desertion of one or both parents	7
Alcoholism of one or both parents	7
Patient placed with relatives	7

Foster mother or father	6
Mental defect of parent	6
Mother out of home during day	6
Partiality shown to siblings by parents	6
Inability to get on with siblings	6
Immorality of parents	5
Patient placed by agencies	5
Mental disease of parent	4
Lack of respect for parents	4
Fear of parents	4
Excessive responsibility placed upon patient	3
Vindictive attitude of parents	3
Illegitimacy of patient	3
Separation of parents	2
Extreme poverty	2

A study of these seventy-five records shows that twenty-three children had apparently desirable physical home environments, but only two in this group had desirable psychological environments. Twenty-two children had undesirable physical home environments and with the exception of one child had also undesirable psychological environments. Of the group of thirty children of which no data regarding their physical home surroundings were available, twenty-six were found to have one or more undesirable factors which contributed to making the home atmosphere unhappy, making a total of sixty-seven children who had unhappy home conditions.

PHYSICAL CONDITIONS

The past and present physical conditions of these children were then considered. The data regarding the prenatal and birth conditions were essentially negative. Four children in the group of forty-one whose prenatal histories were known had so-called abnormal prenatal conditions due to alcoholism of the mother, extreme nervousness because of unfortunate home conditions, and extreme emotional reactions due to fear of an alcoholic husband. Of the forty-eight children whose deliveries were recorded, forty-two were normal and six instrumental. There was one birth trauma of the shoulder recorded.

In considering the developmental history of the children, the ages of teething, walking, and talking were included. Thirty-eight children were reported to have had normal development and eleven, retarded development. Retarded development is regarded as significant, since, where this retardation is pronounced, mental deficiency may be suspected. Of these eleven children, seven were diagnosed as defectives, one a psychopathic personality, one a neurotic child, and two normal children.

Forty-seven children gave histories of having had contagious diseases. Twenty-seven of the children had had only these illnesses while twenty were reported to have had contagious diseases plus head injury, surgical operation, chorea, epidemic encephalitis, tetanus, meningitis, or rickets.

Two cases of encephalitis were reported, both resulting in distinct personality changes, and nine children had suffered serious head injuries which it was felt might have contributed to their runaway tendencies.

One Portuguese boy of fifteen years had been struck by an automobile, in 1922, receiving a fractured skull. Since then he had had frequent headaches and felt that he must get away from everything when one came on. His home environment was far from satisfactory and this also played a large part in his running away. Lately he had begun to show a certain type of reaction which it was felt might develop into an epilepsy of traumatic origin.

Another boy, three years of age, had received a severe blow on the head from a baseball bat, but with the absence of physical signs at the time of the examination there was little reason to believe that the blow, which had resulted in a

slight concussion, had played a definite part in this child's later escapades.

In fact, unless there are definite physical symptoms, as in the case of the Portuguese lad, it is impossible to say how much or how little head injuries influence an individual's behavior, but they should never be disregarded.

On examination in the hospital, fifty-six children were found to be in good physical condition. Of the nineteen children who had some pathological condition, one girl was diagnosed as showing endocrine imbalance, and there was a question of brain tumor in the case of a sixteen-year-old girl. The remaining seventeen children had minor conditions which could have been cleared up with prompt treatment.

NEUROTIC TRAITS

Neurotic traits occurred far more commonly in these children than was suspected. Forty-four, or over one half, of the children studied showed definite neurotic traits varying from a single trait to various combinations of them, and this percentage is exceptionally high, as in twenty children no data were available. Only eleven children were found to show no neurotic traits.

Included in neurotic traits were enuresis, temper tantrums, nail-biting, night terrors, speech defect, and food idiosyncrasies. Nineteen of the children had various combinations of these. Temper tantrums occurred most frequently, as they were reported for nineteen children, thirteen boys and six girls. As an example of the origin of this trait, one boy of seven years soon found how to get what he wished and persisted in having temper tantrums whenever he was crossed. His mother, rather than provoke such scenes, repeatedly gave in till she no longer had control over the boy. Every instance of temper tantrums began in the same way, namely, to gain an end, and resulted in the same lack of control.

Enuresis was also very common, occurring in fourteen children, five boys and nine girls. With the exception of that occurring in mental defectives who had had no training, it was a habit which the child unconsciously adopted to bring his parents' attention to him. One youngster soon after the birth of his baby sister began wetting the bed every night. It was soon discovered that he had unconsciously formed this habit so that he could command the attention which he had received before the birth of the baby. He continued the habit until he found that his parents would not give him the notice he craved until he overcame it.

Nail-biting was a habit which was found in six boys and in ten girls and proved to be a difficult one to break. The habit itself was not injurious, but indicated some emotional disturbance which the child was experiencing.

Five children were reported to have had night terrors. One girl of thirteen years cried out constantly in her sleep and had frequent nightmares. In the day time she bit her nails continually. It was found that her foster parents were handling the situation very badly and that the child was under high tension when at home.

Speech defect occurred in only three children. In one girl it was the result of mental deficiency, and in two boys of fourteen, it took the form of stammering which should have been corrected.

Four children, two boys and two girls, were reported to have had food idiosyncrasies. These children had been spoiled by their parents, and their food habits had been formed to attract attention.

It is evident from this study that children who were under some nervous strain displayed neurotic traits resulting in a nervous habit. It may also be

seen that the parents were wholly to blame in permitting such habits to continue. The fact that a child has wet the bed until he is fourteen years of age is not important, but what that habit may indicate is important, and much care and study must be given to determine just what causes such a habit.

PERSONALITY TRAITS

In considering the traits which made up the total personality of the child, it was felt that output of energy and mood were most important. Fifteen children had an excessive output of energy shown by their being continually on the go and having to do something every minute of the time; fifteen children had what was considered a normal output; i.e., their expenditure of energy was variable but not extremely high or low; fourteen children were distinctly subnormal, in that they were contented to do very little; and for thirty-one children no data were available.

As to mood, forty-three, or over one half of the group, showed variable mood. Of these, eight children showed too great a swing of mood and tended toward the manic depressive type of reaction. Twenty-two children showed a constant mood, eighteen of them being phlegmatic but happy, easy-going children, and four being of the stolid, unhappy type that cannot be aroused.

An analysis of other personality traits considered showed that twenty-one children were seclusive. Seven of them suffered from an extreme sense of inferiority, six were said to be self-assertive to an unpleasant degree when with other people, two were considered abnormally suggestible and the remaining six were described as being quiet and absorbed in their own fantasies. Because of the possibility of schizophrenia developing in this type of personality, special attention was paid to the planning of recreational programs for these children.

Forty-four children were considered to be of the extrovert type of personality, i.e., they were sociable and interested in outside activities. One child alone in this group seemed to have a marked feeling of inferiority. Fourteen of these children were thought to be undesirably self-assertive and twenty were considered markedly suggestible. Nine were felt to present no subjective personality difficulties. There were no available data regarding ten children.

It is seen that practically two thirds of the children in this runaway group were extroverts of the easily led, sociable, well-liked type; and that the remaining third of this group were the introverts, having a marked sense of inferiority and being forced to withdraw into their own fantasy lives for enjoyment.

Religion did not appear to influence the lives of these children. The majority were Roman Catholic but expressed dislike for attending church. Two children only expressed any sort of religious feeling and they sang in the choir. It is rather striking to find how small a part the church played in the lives of this group of children.

ABNORMAL CONDITIONS

The child's reaction to his sexual life was studied and an attempt was made to determine the relationship of sex education to sex practices. Of the seventy-five children studied, seven only, two boys and five girls, had received sex education from their parents. Of these, three, one boy and two girls, indulged in sex practices. Forty-five children were reported to have received no sex education and of these, twenty-seven indulged in sex practices while eighteen denied them. The influence of education could not be

concluded from these figures, but in this group certainly education played a small part.

The number of children receiving such education was strikingly low, less than ten per cent of the total number of children studied. In many instances, children reported that they had worried over erroneous information given them by other children and great conflict had resulted. One little girl had been told by a friend to leave the room whenever a man came in as all men were dangerous. As a result, she had an extreme fear of men and would cross the street rather than meet one.

Masturbation and heterosexual relations were the most frequent practices indulged in by this group of children. Masturbation was acknowledged by thirteen children; eleven boys and two girls. As this occurred in the groups of younger children it was not considered of great importance.

It is significant that the number of girls who reported heterosexual experiences was thirteen, or one half of the total group of girls, as against two boys reporting them. The ages of the girls studied accounted in part for the large number of heterosexual experiences, as the majority of the girls were of the adolescent age. Eight of these girls were diagnosed as mental defectives.

One thirteen-year-old girl (of superior intelligence) sent in by the police, had been spending from one night to two weeks away from home with sailors whom she had picked up on the Boston Common. Investigation showed that her home conditions were desirable and her family relationships satisfactory. Her father and mother were actors and she lived with a maternal aunt who was devoted to her. Just how much an early life of traveling with her parents contributed to her misconduct was undeterminable, but superficially she appeared to have a happy home life. She could give no reason for leaving home except that sailors attracted her.

A different type of runaway was a fourteen-year-old boy living on a farm. The farm did not prove exciting enough so he went to the city and committed petty larceny to keep alive while he was away. He was returned by the police after each of these adventures. This boy had previously indulged in masturbation but his sex life had adjusted itself and his running away resolved itself into a search for excitement and adventure.

SCHOOL EXPERIENCES

The school experiences of a child were considered as another important phase of his life. His ability to progress and to adjust himself well to both his teachers and his classmates causes him either satisfaction or unhappiness. In this group, a total of thirty-seven, thirty boys and seven girls were retarded from one to three years and this retardation was due, according to the schools' estimate, in thirty-one instances to mental deficiency; in four, to unhappy homes; in two, to a repeated changing of schools, and in one, to truancy. It is significant that thirty-eight children were frequently truants from school and that thirty-seven were found to be retarded from one to three years. It is a question whether some of the children were retarded because of playing truant or played truant because they felt inferior, as they were unable to keep up in their work. The "special class" children were found to be extremely sensitive and had marked feelings of inferiority.

Twenty children, fifteen boys and five girls, were reported to have made steady progress and nineteen of these were found to have attended school continuously. With regard to the

ability of this group of children to adjust to the schools' social relationships, it was found that thirty-three were reported to have had unsatisfactory relations with their schoolmates and twenty-three were reported to have adjusted well socially. Data were unobtainable regarding the remaining nineteen children. Unsatisfactory relations may be defined in this study as an inability to play with other children, or to get on well with them because of some personality difficulty.

Thirty-seven children were reported by their teachers to be disciplinary problems and difficult to manage in the classroom. Twenty-three children were characterized as quiet, well-behaved and respectful. No data were obtainable regarding the remaining fifteen children.

A total of fifteen children, fourteen girls and one boy, were forced to leave school before graduating; nine girls and one boy because of "inability to progress," three girls because of economic pressure at home, and one boy because of misconduct. In view of the fact that twelve girls were diagnosed as mentally deficient, it is not surprising to find that nine were forced to leave school before graduation.

Combining the ten children who were forced to leave school because of "inability to progress" and whose actual degree of retardation was unknown, with the group of thirty-seven children who were retarded from one to three years, one finds that forty-seven, or practically two thirds of this group, were unable to keep up with their grades. This is particularly interesting when one finds that out of this group of forty-seven, only twenty-one were diagnosed as mental defectives.

RECREATIONAL REQUIREMENTS

The kinds of recreation preferred by the children were considered in relation to the demand for them and the ability to satisfy the demand. Two thirds of the group enjoyed the usual sports, games, movies, and reading, but one small girl refused to do anything but crochet, a ten-year-old boy listened to morbid gossip in police stations, and two girls preferred street walking. Data were unobtainable regarding the recreational desires of twenty-one children.

With such a large group showing a preference for healthy, normal recreations, the amount thereof and the ability to satisfy the desire for them should be considered. Thirty-three children had an average or normal demand for recreation, thirteen an excessive demand and nine a subnormal demand. Unfortunately, because of poor neighborhood resources, or because of the unwillingness of the family to coöperate, twenty-nine children were unable to satisfy their demands in an adequate way. It is obvious that children who cannot satisfy a normal desire for recreational activities in a normal way will satisfy that desire by devious ways, as in running away and pilfering.

An attempt was made to reconstruct the actual runaway experiences, so that the child might if possible be given some substitute in his normal, everyday life. Also, the age of the first runaway experience and the number of experiences of each child were considered in an attempt to understand the child better.

The age of the first runaway experience of the children studied varied from three to nineteen years. It was found that forty-three boys out of the forty-eight began running away before the age of fourteen, and that only ten girls of the twenty-seven began their running away episodes prior to that age. The boys, it is seen, began running away at a much earlier age

than the girls. Necessarily the group studied presented one hundred per cent repeaters, for a child with only one runaway episode would probably not be brought into the hospital.

NUMBER OF RUNAWAY EPISODES

The number of runaway episodes was greater in the group of boys than in the girls' group. One half of the boys and four fifths of the girls ran away fewer than five times, while one half of the boys and one fifth of the girls ran away more frequently. Twenty-six children ran away five or more times, but one boy of nine ran away over twenty-nine times before being brought into the hospital. He used to disappear from home constantly, remaining away from one night to three weeks, and when he was questioned he refused to tell what he did during his absence. The police always returned him. His home conditions were most unsatisfactory, as the mother was a mental defective and a periodic drinker, and the home was unattractive. The father, a ship carpenter, was not a high-grade type and as he refused to coöperate in having the child placed in a foster home, it was necessary to close the case.

The social consequences resulting from the runaway experiences of girls are of such a serious nature that they are usually brought into the hospital for observation after one or two episodes. On the other hand, boys may have frequent experiences before they are brought for study.

The actual runaway experiences varied with each child so that it was difficult to group them. However, it is possible to say that every child studied with the exception of the defectives and the mentally diseased, ran away with a definite aim in view, and to escape something, either innate or environmental.

A few case histories will illustrate this and will show the hardships children will endure.

A boy of nine years was brought into the out-patient department as he had been running away for a year. It was found that he was living with his stepmother, his own father, his own eight-year-old sister and three half sisters. The mother stated that the oldest half sister was illegitimate and at the time of her marriage to the patient's father the case was taken to court so that she could get support for the child. This question was discussed a great deal in the presence of the children. Neighbors reported that the patient and his sister were constantly abused by their stepmother and that this caused quarreling between their father and their stepmother.

A year ago the patient refused to eat in the house and seemed half starved, as the neighbors reported that he ate ravenously when in their homes. At the same time he started running away from home. He slept several times in the dump nearby and took food from old tin cans. He was usually returned by the police, but in the summer he was found several miles from home by some people who agreed to keep him for a time, with the parents' consent, as he seemed so upset. With them he was extremely stubborn and ran away twice when sent on errands to the store. He also took small amounts of money. On Labor Day he was returned to his home as the people were unable to keep him any longer. He ran away several times and stole some articles from a five-and-ten-cent store. At this point, he was brought into the hospital. The whole situation was gone over with him and placement was advised. Both the patient and his sister were placed with their maternal aunt in New Jersey and both are adjusting extremely well.

Here was a child with a poor physical environment and home atmosphere, a possible conflict over the question of illegitimacy, no adequate outlet for his emotional life and unhappy family relationships. When the whole problem was straightened out for him in his own mind and desirable home conditions substituted, he ceased to run away.

CASE OF CONDUCT DISORDER

Another problem, that of a girl of nineteen years, was not so easily nor so successfully solved. She was sent into the hospital by the court because of a charge she had made against a boy of her own age. It was found that she had a rather poor background, as her father and mother were most inadequate, and that her younger sister was held up to her as a model. The patient left the high school at the end of her third year and then drifted about. Nine months prior to her admission to the hospital, she began to pick up men. Her father had a charge of stubborn child brought against her, which she defaulted. She then left Boston and went to New York for several months, where she had an apartment. In the fall she booked passage to Bologne, spent two months in Paris, and then returned to Boston. She refused to tell her parents where she had been or how she had obtained her money.

This girl then left home again and rented an apartment in the center of town where she stayed another month. She returned to her home, but her parents did not notify the police of her return. She again began picking up men, and after an automobile ride with one, entered a charge against him, employing a lawyer to prosecute. When she appeared in court to testify, she was recognized as wanted in another court, and because of peculiar behavior was admitted to the hospital.

This patient was diagnosed as having a conduct disorder. Brain tumor was indicated, which if true may have accounted for her disordered behavior. An abnormal sex drive plus poor discipline and poor background may have meant a great deal, but she was so sullen and so on the defensive while in the hospital that it was difficult to get at the causative factors. On discharge from the hospital, she was sent to a correctional institution by the court.

RELATION OF DELINQUENCIES TO EPISODES

The relationship of delinquencies to these runaway episodes is significant because of the question of whether or not delinquencies precede or follow such occurrences.

Of the seventy-five children studied, fifty-six, thirty-six boys and twenty girls, gave a history of delinquencies. Forty-one children — twenty-seven boys, or a little less than half of the total number of boys, and fourteen girls, or more than half the total number of girls —committed delinquencies prior to running away. Fifteen children, nine boys and six girls, committed delinquencies after their first runaway experiences, and nineteen reported no delinquencies.

A fair example of delinquency preceding a runaway episode is illustrated in the case of a seventeen-year-old girl, who at the age of eight started to steal money from her mother and then lied to defend herself. This continued for several years and at sixteen she stole diamonds from her brother valued at five thousand dollars, whereupon she disappeared. Charges were not brought against her and after this first runaway episode she continued to spend nights away from home until she was brought into the hospital for examination. Delinquency in this child,

then, was one of the factors which caused her to run away.

A boy of ten, whose home environment was poor, began to run away at the age of six. He always went alone, so there was no question of his being influenced by an older person. He was found time after time standing in front of a hotel or a theater, telling pathetic, hard-luck stories and obtaining enough money to keep him alive until he wanted to return home. Prior to his leaving home, he never had stolen any money, and according to his family was a model child. However, when away from home, he obtained much satisfaction from the telling of these stories and the sympathy it obtained for him.

Here was a child with an unsatisfactory home environment, who reacted to it by leaving the unpleasant situation and gaining satisfaction by inventing tales in order to get enough money to keep himself alive while away. Running away from a situation in this instance may be said to have fostered delinquency.

The types of delinquency most commonly committed by the boys were larceny and lying, and by the girls, sex offenses and lying.

RECOMMENDATIONS AFTER STUDY

After careful study either in the house or the out-patient department, diagnoses and recommendations were made.

Of the group studied, only four children presented clinical pictures of actual mental disease, two showing schizophrenic reactions, one a depression and one traumatic epilepsy. Twenty-one were definite mental defectives—nine boys and twelve, or practically one half, of the girls. Of the remaining fifty children, twenty-one were diagnosed as normal, conduct disorders to be included in this term; thirteen, as psychopathic personalities, and eight as neurotic children.

From these diagnoses it is seen that practically one third of the group were considered normal, one third intellectually defective, and the remaining third, excluding mental disease, as of abnormal make-up, either psychopathic personalities or neurotic children. Eight children were undiagnosed and were asked to report for further study.

Whenever possible, the coöperation of the parents was gained and the recommendations were carried out under close supervision in the out-patient department. In some cases coöperation could not be gained and the cases were necessarily closed. At present, many of the children are reporting very satisfactory adjustments and the cases are followed by the worker until such a report can be made or until the parents refuse to carry out the plans made by the hospital.

SUMMARY

Seventy-five runaway children were studied in an attempt to understand their personalities and their reactions to their psychological and physical environments, so that their reasons for running away, if possible, might be determined. From this study the following conclusions were made.

The runaway tendency was found to be stronger in boys under fourteen years of age than in girls of the same age group. The motives in the girls for running away were principally actuated by sexual maladjustment. The boys ran away to escape an unhappy situation and to gain satisfaction.

Physical home conditions did not act as a causative factor in running away, but an unhappy home atmosphere played a large part.

Personality changes due to encephalitis and severe head injuries oc-

curred in very few cases and could not be considered as important causative factors. Neurotic traits were found to be common in this group of children.

Sex education had no bearing on sex practices, as the percentage of children having had sex education and indulging in sex practices was practically the same as the percentage of children having had no sex education and yet indulging in sex practices.

Dissatisfaction in school played a large part in causing this group of children to run away. On the other hand, inability to satisfy recreational demands played a relatively small part in causing running away.

The majority of the children belonged to the extroverted group.

Delinquencies were common and in most cases were found to precede the running away. Frequently, they seemed to cause the actual flight episode.

Delinquencies committed by the boys were larceny and lying and those committed by the girls were sexual in nature, showing again that sex maladjustment in the girls was a primary causative factor in their running away.

Runaway children cannot be placed in any one classification of mental types, as one third of the children were considered normal, one third mentally deficient, and one third were of abnormal make-up—either psychopathic personalities or neurotic children. Mental disease played a small part as a causative factor, as only four children presented a clinical picture of mental disease.

No one predominating cause can be said to produce the runaway tendency. Instead, it is produced by a variety of factors which are found in the environment of the child and in his own personality, a series of physical and psychological influences which must be understood before the real causes can be determined. The important steps are to find from what and to what the child is running, to understand his personality, and thus to determine why this particular child should react to a given situation by running away.

Social Adjustment of the Feeble-minded[1]

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THE modern method of focusing attention on the individual instead of his deeds, and using his activities for interpretation and understanding rather than for judgment, is gaining headway even in legal technique, especially in regard to children. The following study was undertaken with a view to summarizing from this standpoint the problems of personality and environment that make institutional cases of the high grade defective and borderline individuals, what happens to them in the institutions and their adaptation after they leave.

The inquiry was limited to children, adolescents, and young adults with intelligence quotients of 50 and over, as it is obvious that they present a problem differing from that of the imbecile and the idiot. They are divided into the moron group (I. Q. 50 to 69) and the borderline and dull cases (I. Q. 70+) who are, of course, not true mental defectives, though their reactions in society have been such as to cause them to be classified as feeble-minded in so far as their care is concerned.

Although the intelligence quotient is used to mark the borders of the study, it is recognized that Terman mental tests do not necessarily give a true picture of the level at which the individual is functioning, both because no one test is a measure of intelligence, and because other factors in the personality are of at least equal importance. In actual practice a ten-year-old child with an I. Q. of 70 may be in the fourth grade and another of the same age and I. Q. may still be in the first.

This point of view has been well summarized in a definition of feeble-mindedness given by Dr. E. O. Lewis[2] in which he states that,

> Whatever may be the correct legal interpretations . . . , the real criterion of mental deficiency is a social one and that a mentally defective adult is one who by reason of incomplete mental development is incapable of independent social adaptation.

Thus, the criteria are not only measurable intellectual capacities, but also the extent of the individual's competence in society. Incomplete mental development is not necessarily limited to retardation of the intelligence but may include a concomitant immaturity in the emotional sphere, which may be greater or less than the intellectual retardation. The practical basis for judgment is often the ability to progress in school, regardless of the fact that lack of scholastic achievement may be compensated for by artistic, mechanical, or other ability.

Present Civilization Demands Scholastic Attainment

It must also be remembered that only for a very few generations, and in a relatively limited part of the world, has the present concept of mental defect been accepted. For less than a hundred years, our civilization has increasingly emphasized scholastic attainments not for the few but for all. The

[1] From the Research Department, Letchworth Village, Thiells, N. Y.

[2] From a report of the Mental Deficiency Committee quoted in the London letter in the Jour. Amer. Med. Assoc., 92: 2113, June 22, 1929.

hewers of wood and the drawers of water in the past, who labored as they were told and were content, were not thought of as feeble-minded; they filled the place to which they had been called. For their descendants of today, the path of early training is the same as that of a future Francis Bacon; if they fail to go along the path a certain distance and at a certain speed, they are defective according to the standards which our type of civilization has made necessary.

A few examples may serve to illustrate the apparent unevenness of development that is the cause of so much misunderstanding. Harry D., with an I. Q. of 77, has never been able to get along in school or to keep a job. He expresses himself fluently, is kindly, honest, and willing, but unable to do even the simplest work well. He cannot plan and does not grasp social factors. Another boy of seventeen years, with an I. Q. of 81, has the same character traits. In addition, he has an excellent memory but little ability to plan or to reason. On the Porteus Maze test, he performed at the level of a child five and a half years old.

On the other hand, we may have the reverse situation. One boy of twelve had a mental age on the Terman test of eight and a half years, but his practical ability and manual dexterity were above his actual age. His greatest weakness was his poor verbal comprehension, but he would persist at the study of a problem in a slow but rational and accurate fashion. It is the lack of understanding of such cases that often causes the marked behavior problems and personality difficulties that we see in this group.

RELATION TO DELINQUENCY

The relation of these factors to juvenile delinquency has long been a matter of study, but the significance of the many figures gathered has not always been clear. A survey[3] of one thousand juvenile delinquents shows that twenty-three per cent are feeble-minded. The usual figures[4] are between ten and thirty-seven per cent, with much higher numbers if the borderline cases are included, the numbers being much larger than the proportion of feeble-minded in the general population.

Other factors also enter in. There are more defectives in dependent families where the opportunities for delinquency are greater than in self-supporting households in the proportion of almost two to one.[5] Kinder and Rutherford,[6] in a study dealing with a somewhat limited number of children, have shown that retarded problem children with no special care or training, if placed in adequate homes, have a good chance for a satisfactory adjustment. Of twenty defective children in "good" homes, either their own or foster homes, fourteen were getting along well after five years. Of forty-seven in "poor or very poor" homes, none was making a satisfactory adjustment. No one will deny the influence of environment, but such studies are helpful in making plain the fact that it is not with feeble-mindedness *per se* that we are dealing, though that is a contributing factor, complicating the situation.

The type of court charges brought

[3] Anderson, V. V., "Relation of Mental Defect and Disorder to Delinquency," *Mass. Commission on Probation*, June, 1918.

[4] Hart, H. H., "Extinction of the Defective Delinquent," *Russell Sage Foundation, Bull. No. 10.* See also *Report of the Wisconsin Mental Defect Survey*, National Committee of Mental Hygiene, 1921.

[5] Beard, "Relation between Dependency and Retardation," *U. of Minnesota, Research Pub.* 8: 1, Feb., 1919.

[6] Kinder and Rutherford, "Social Adjustment of Retarded Children," Nat. Com. Ment. Hyg., 11:4, 811, Oct., 1927.

against the moron as compared with the young delinquent of average intelligence, is also significant. In a study[7] of one hundred boys of each type, there were 114 charges against the feeble-minded and 239 against those of normal intelligence. The incidence of crimes against property was approximately four and one half times as great in the second group as in the first. However, truancy made up thirty per cent of the charges against the feeble-minded, and only five per cent of those against the others. The school situation is obviously an important feature in the whole picture.

The situation is apparently one in which the mentally defective child competes with the average child until one of several things happens. He may get into trouble to such an extent that his guardians cannot cope with him, and the social agency reaches the limit both of its patience and its resources, and he is committed to an institution; or he may fall so hopelessly behind in his studies that even the best efforts of his teachers to push him along fail, and he is put in an ungraded class if there is one. Otherwise, he is sent to an institution or remains in one class until he is of age to go to work. Then, quite untrained, he may continue in competition with the normally intelligent even in blind alley occupations, impeded not only by his actual defectiveness but also by the weight of his feeling of inferiority brought on by his succession of failures. A delinquent or criminal career offers to many an opportunity for the solution of their material and emotional difficulties.

An adolescent boy and his sister brought into a psychiatric clinic by a case worker of a charity organization illustrate several phases of this problem. Mary, at fifteen years of age, took no interest in a job, in her home, or in school. All physical tests were negative but psychological and psychiatric examinations showed that her I. Q. was 61, that she had no special abilities or interests, and that her capacities were at the third grade level, instead of the eighth grade into which she had been pushed. Her apathy and timidity were shown to be a defense against situations repeated indefinitely, with which she was inadequate to cope.

The eighteen-year-old brother had an I. Q. of 55 and had gone through the seventh grade. The numerous unskilled jobs which he had held but never kept for any length of time filled him with complaints and dull resentment, not only against his poor pay and hard work, but also against the responsibility that his family and the agency had tried to put on him as the eldest.

Neither had got into trouble, the boy stating that he had left his gang when they wanted him to steal, because he was afraid of jail. Both are untrained for wage earning. Years have been spent in trying to make them learn subjects which they are incapable of comprehending. The ordinary ungraded classes would hardly have fitted them any better for the self-support of which they might have been capable. The only solution seemed to be to send them to an institution for training.

Admissions to the Institution

This part of the study includes cases with an I. Q. above 49 that have been at Letchworth Village from one to five years and concerning whom there is an adequate history. The total is 432, of whom slightly more than one half are boys (Table I). Approximately one fourth are in the borderline group. Their reasons for commitment are varied, but almost seventy-five per

[7] Calhoun, "A Follow-up of 100 Normal and 100 Subnormal Delinquent Boys," *Jr. Juv. Res.*, 12: 236, Sept.–Dec., 1928.

TABLE I

Classification of Cases	Male	Female	Total
Borderline (70+).....	61	40	101
High grade moron (65–69).....	42	35	77
Medium grade moron (56–64).....	78	67	145
Low grade moron (50–55).....	59	50	109
Total.....	240	192	432

cent were committed because they were behavior problems as well as because of defects in intelligence, and while this percentage is highest in the group with the higher intelligence ratings, the difference is only six per cent. Approximately twelve per cent had court records. This does not include the simple truancy cases and those committed by a children's court on the petition of their parents or social agencies, but indicates the number whose delinquencies brought them into direct contact with the law on charges of burglary, incendiarism, and so forth.

The following cases are typical of two types represented by these statistics:

Case I. Joseph, I. Q. 60, is thirteen years of age. His father is abusive, alcoholic and periodically deserts the family. The mother is an illiterate, hard working woman who tries to support the family. The patient was in the ungraded class. He was a chronic truant and was uncontrollable in school and at home.

Case II. Nicholas is also thirteen years old and has an I. Q. of 52. The other members of the family have apparently made a good adjustment. They are in moderate circumstances and live in an attractive neighborhood in a suburban town. There are two younger girls both doing well in school. The patient's development was somewhat retarded from infancy and he was in the fourth grade at thirteen years of age. He had stolen since childhood and was committed for robbing a post office. There was nocturnal enuresis, but no other complaint of his home behavior.

In a study of the environment of these behavior problems it was found that sixty-eight per cent came from homes that were obviously inadequate because of gross neglect and cruelty, chronic alcoholism, psychotic or mentally defective parents, criminality, antisocial sex conduct, or marked poverty. The remaining thirty-two per cent came from other institutions, from boarding homes selected by social agencies, or from their own homes which had been classified as adequate by the social investigator. In orphanages, they were for the most part associated with average children. Almost two thirds were committed from these homes because they were too difficult to manage, as well as defective. Of the borderline and dull normal group, almost two and one half times as many children were committed from orphanages as from the homes of their parents.

The study of the parents and siblings of patients with primary mental defect confirms the well-known findings of others. There is a history on 705 parents. Slightly over twenty-five per cent (Table II) were described as having made an adequate social adjustment in all respects except in their ability to care for their defective children. Of the remainder, thirteen per cent were shown by the Terman test to be feeble-minded, and twenty-two per cent were obviously inadequate and were considered feeble-minded by the social investigator, though no psychometric examination had been made. This made a total of thirty-five per cent of the parents apparently mentally defective. Seven per cent were psy-

TABLE II—STUDY OF 705 PARENTS

Description	Mother	Father	Total	Per Cent
Normal, educated, socially adjusted	24	24	48	7
Normal laborers, socially adjusted	61	80	141	20
Mentally defective	62	28	90	13
Inadequate (no I. Q.)	95	59	154	22
Deserted family	29	34	63	9
Alcoholic	24	72	96	13½
Flagrant immorality	53	34	87	12
Police record	7	31	38	5
Psychopathic	28	21	49	7
Epileptic	7	4	11	1.5
Dead	70	74	144	20

chotic and one and one half epileptic. Thus, almost fifty per cent of the parents showed a definite mental or emotional defect. Further study of the social reactions of the entire group showed other evidences of instability: thirteen and a half per cent were chronic alcoholics, five per cent had police records, nine per cent deserted their families, and twelve per cent had come to the attention of social agencies because of flagrant immorality. These groups are not altogether mutually exclusive.

A history of 488 siblings was obtained (Table III). Almost two thirds

TABLE III—STUDY OF SIBLINGS

	No.	Per Cent
Total number	1140	
Number concerning whom there is a history	488	
Normal	139	28
Delinquent	38	8
Mentally defective	167	34
Retarded or borderline	144	30

were subnormal (thirty-four per cent mentally defective and twenty-nine per cent retarded or borderline); eight per cent were delinquent; leaving twenty-eight per cent without mental or emotional difficulties apparent at the time. These figures are probably too low, as many of the siblings were quite young. The position of the patient in the family seemed to have no significance (Table IV).

TABLE IV—STUDY OF POSITION IN THE FAMILY

Families represented	336
Only children	38
Oldest children	88
Youngest children	78
Middle children	228
Illegitimate children	19
Foundlings	16

ADJUSTMENT IN THE INSTITUTION

Reports were obtained from the matron, the doctor and the teacher concerning the behavior of the patients in the cottage and in school, the relations with other patients and with those in charge, and such special observations as bed-wetting, and so forth. Of the 254 cases (Table V) that had entered as behavior problems from six months to five years before, eighty-four per cent had settled down and presented no behavior problems to those responsible for them. Their reactions were those of busy, active children, normally mischievous and quarrelsome at times, but causing no real difficulty. The percentages in the lower intelligence levels were slightly higher than in the upper

TABLE V

Institutional Adjustment	Intelligence Quotient						Totals	
	70+		60–69		50–59			
	No.	Per Cent	No.	Per Cent	No.	Per Cent	No.	Per Cent
Problem before admission	59	23	99	39	96	38	254	100
No problem after admission	47	80	83	84	83	86	213	84
No problem before or after admission	18	19	36	38	41	43	95	100

group but the variation, six per cent, is probably too small to be of any significance. Those who got into real difficulty stole, ran away, were sex perverts, or were particularly defiant and uncooperative.

There were school records of 266 of these children (Table VI). Of this progress made in this group. On the other hand, among the group of children who made no scholastic progress either before or after coming to Letchworth, fifty per cent had I. Q.'s between 50 and 59, thirty-one per cent were between 60 and 69, and nineteen per cent belonged to the borderline group.

TABLE VI

School Progress	Intelligence Quotient				
	70+	60–69	50–59		
	Per Cent	Per Cent	Per Cent	Total No.	Per Cent of Total
None before admission; progress in Letchworth Village	24	44	31	86	32
None before admission; none in Letchworth Village	19	31	50	74	28
Before admission; progress in Letchworth Village	3	45	17	69	26
Before admission; none in Letchworth Village	40	40	20	10	4
No schooling before admission; progress in Letchworth Village				27	10

number, one hundred and sixty (sixty per cent) were reported as having made no progress before coming to Letchworth Village, but over half of these failures did make some progress after admission. There is, however, no apparent relation between the intelligence quotient and the amount of Ten children had made progress outside but made none afterwards; but, seven of these had reached the grade appropriate to their mental ages. The Letchworth Village schools are graded, but it takes from two to four times as long as it does in the public schools to cover the same amount of work.

TABLE VII

Post-institutional Adjustment	Intelligence Quotient							
	Male				Female			
	50–69		70+		50–69		70+	
	No.	Per Cent	No.	Per Cent	No.	Per Cent	No.	Per Cent
Failures	60	28½	14	25	21	23	11	31
Successes	151	71½	42	75	69	77	21	69
Totals	211		56		90		32	
Grand total	389							

ADJUSTMENT AFTER LEAVING INSTITUTION

In a study made by Dr. Potter, it was found that of the 358 children admitted to Letchworth Village during the year ending June 30, 1922, over half, fifty-eight per cent, had left the institution within five years as discharges, paroles, runaways, and transfers to other institutions. The following data on discharges and paroles were collected by Miss Crystal McCollister and have been reported in part.[8] Of a total of 1164 cases, thirty-five per cent could not be traced. This paper includes only those having I. Q.'s of 50 or over, concerning whom sufficient data were available.

To decide on the "success" of an individual's social adjustment is sometimes a difficult task and particularly so in such an investigation. Decision must always be arbitrary and somewhat unsatisfactory. This was recognized by Miss McCollister although it could not be avoided. Her judgment of success was based on the following criteria: no conflict with the law, well-behaved, making satisfactory home adjustment, and self-supporting or not dependent on any one but legal guardians especially if over fourteen years of age. A case was adjudged a failure if he was committed to another institution, if he showed an unsuccessful work record, an unsatisfactory behavior history, or if he was making a poor home adjustment. It is recognized that many of these terms are susceptible of various interpretations and that the figures obtained are suggestive of trends and are not statements of fact. This is true of all the data in this paper.

Histories of 389 cases were available for this study. All but one boy had been out of the institution more than six months, eighty-seven per cent of both boys and girls had been out for a year or more, while thirty-three per cent of the girls and forty-four per cent of the boys had been out for more than three years. There was a surprisingly

[8] Storrs, H. C., "A Report on an Investigation Made on Cases Discharged from Letchworth Village," *Proceedings and Addresses of the Fifty-third Annual Session of the American Association for the Study of the Feeble-minded*, May 13, 1929. Discrepancies in overlapping tables in this and the above paper are due to the use by McCollister and Storrs of I. Q. 75 as the upper limit of the moron group and of I. Q. 70 by the writer, as well as to rearrangement of the original data.

large proportion of success as measured by the above standards (Table VII). The average was approximately three fourths of both the boys and the girls who could be traced, and there was no significant difference between the moron and the borderline groups. Of those over fourteen years of age, more than seventy-five per cent of the boys were self-supporting, and slightly less than that proportion of the girls, again with no significant difference apparent between the two intelligence levels (Table VIII). Many of the girls were successfully employed at home.

The groups do show significant differences when divided according to wages. A larger percentage of boys at the higher mental level were earning more money than the moron boys and both were earning more than the girls (Fig. 1). Over half of the morons earned between $16 and $25 a week and only ten per cent earned over $25, but a fourth of the borderline group were in the latter class. On the other hand, eighty-two per cent of all the girls were earning under $16 a week, although some were also receiving maintenance. It is interesting, however, to note in all groups the high percentage, seventy-nine to ninety-seven per cent, of those working steadily and changing jobs relatively infrequently (Table IX).

The occupations, as might be expected, were unskilled for the most

TABLE VIII

Economic Status	Intelligence Quotient							
	Male				Female			
	50–69		70+		50–69		70+	
	No.	Per Cent	No.	Per Cent	No.	Per Cent	No.	Per Cent
Self-supporting	109	80	32	87	36	72	10	71
Partially self-supporting	18	13	1	3	5	10	2	14
Dependent (over 14 yrs.)	9	7	4	10	9	18	2	14

TABLE IX

Work Record	Intelligence Quotient							
	Male				Female			
	50–69		70+		50–69		70+	
	No.	Per Cent	No.	Per Cent	No.	Per Cent	No.	Per Cent
Worked intermittently	9	8	4	13	2	3	2	15
Worked steadily, few jobs	87	79	25	80	40	97	11	85
Worked steadily, many jobs	14	13	2	7	0	0	0	0

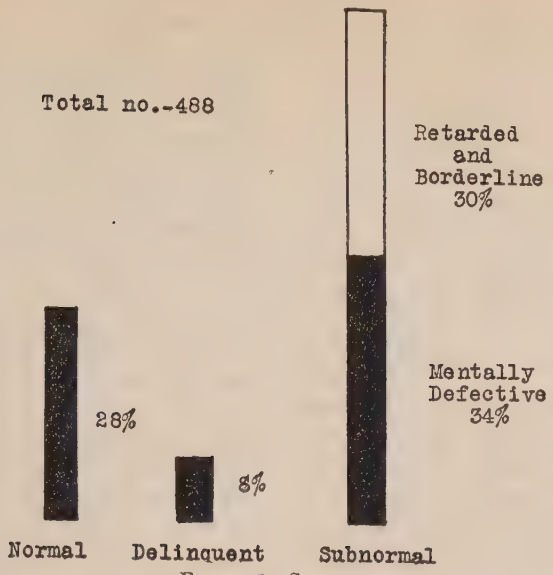

FIGURE 1—SIBLINGS

part. Of the girls, half were doing housework, a third were in factories, and the remainder were waitresses, laundry workers, and so forth. Approximately one fourth of the boys were in the entirely unskilled trades, one fifth were helpers in the skilled trades, and the army and navy, factories, farms, and such work as janitor service, took roughly ten per cent each (Table X).

TABLE X

Occupations—Boys	Per Cent
Unskilled	26
Helpers in skilled trades	18
Factory hands	15
Farm hands	13
Caddies, janitors, etc.	12½
Soldiers and sailors	9½
Worked at home	5
Total	100

THE FAILURES

A study of the failures brings out certain significant facts. Half of the boys who failed had been committed to reformatories, and of the forty-three charges brought against them, sixty per cent were for some form of theft. Of those in the border line group, fourteen per cent were in state hospitals and approximately the same number of morons had been recommitted to institutions for the feeble-minded. There were too few girls in these groups to study statistically. However, nineteen of these thirty-two were still in the community.

It might be asked if the length of time spent in the institution had any bearing on the proportion of successes, as it might be reasonably expected that the regular habits, the discipline, and the vocational training would be responsible for the results. Among the males in residence for the shorter periods, there is a slightly higher percentage of failures than of successes (Table XI), but the difference is scarcely enough to be positively significant. Seventy-one per cent of the successes and sixty-three per cent of the failures were in residence for a year or more. There are too few female failures to be of statistical value.

TABLE XI

Length of Residence—Males	Successes		Failures	
	No.	Per Cent	No.	Per Cent
6 mos.	23	12	13	17½
6 mos.–1 yr.	33	17	15	20
1–2 yrs.	42	22	13	17½
2–3 yrs.	30	15	14	19
3 yrs. plus	65	34	19	26
Total	193	100	74	100

Over half were discharged between fifteen and twenty years of age—during the period of adolescent difficulties but past the age of compulsory school attendance. Many of the parents demand the return of their children when they are of age to work.

The figures concerning marriage cannot be considered as entirely representative, as the majority of the cases are under twenty-five years of age. However, they are given for what they are worth, since they may have some comparative value. None of the unsuccessful males and only four (twelve per cent) of the girls in this group were married. In the successful group, five morons (three per cent) and one borderline case (two per cent) among the boys, and twenty-three of the moron girls (thirty-three per cent) and nine (forty-three per cent) in the borderline group were reported married. As for the illegitimate children the data are hardly reliable. One borderline case and two moron girls were reported as having had illegitimate children.

DISCUSSION

The essential factor in the adjustment of the high grade mentally defective child to his environment is often that of finding adequate compensation for his sense of inferiority which, unlike the cases of many normal children, arises from a real inferiority. If there are special abilities, they should be recognized and developed; but even if there are none, training adequate for successful accomplishment can and should be given. But providing the means for training is not enough without an understanding of the emotional needs, as is shown by the fact that at least three fourths of the cases studied presented emotional problems which had given rise to delinquencies. However, it appears that about seventy-five per cent of these problem cases in an insti-

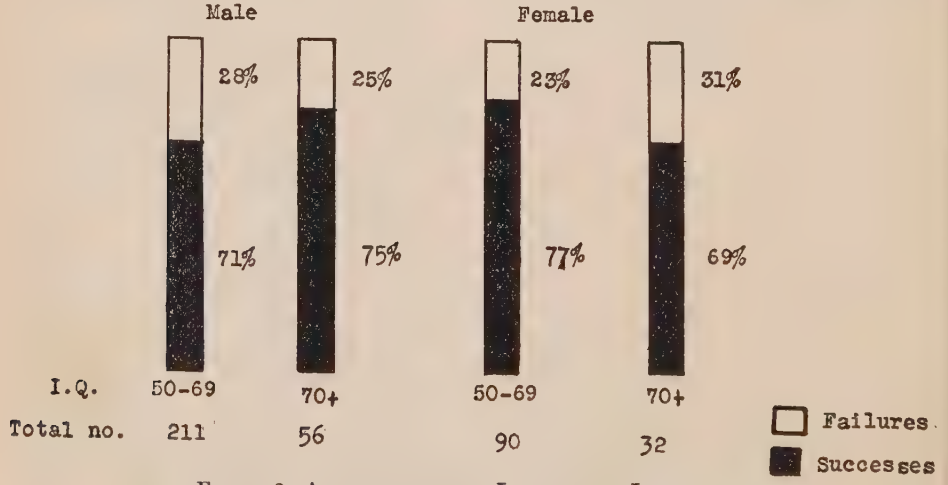

FIGURE 2—ADJUSTMENT AFTER LEAVING THE INSTITUTION

tution made an adjustment satisfactory to those in charge of them. Whether the institution routine and discipline lead to repression or to a proper direction of energy is a question which only their future adjustment outside of the institution can answer. Perhaps more important are the facts that, in the institution, they are competing with their peers, that accomplishment and social recognition are experienced, and that at least some measure of understanding and of security is theirs.

If the situation can be similarly met outside an institution, there will be obvious advantages. The ungraded class does not appear to meet the needs in many cases. Too often it is the catch-all for any child who fails in the classroom, regardless of his ability or type of problem. Usually, no specific training for the future is given. Often, the stigma of being in the ungraded class adds to the feeling of inferiority and prevents adjustment in it. On the other hand, adequate psychiatric study and effective social work, as well as training directed toward a definite goal

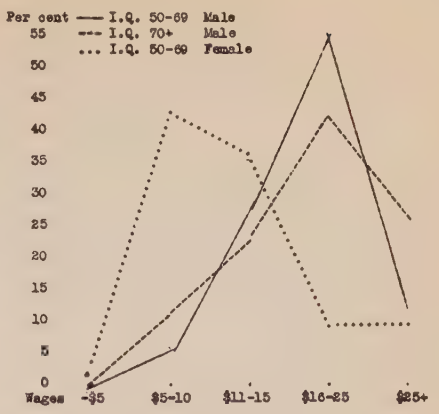

FIGURE 3

suited to the individual's capacity, would provide outside of an institution the means for the proper development of these children. The earlier such influences are exerted upon the children, the more effective they will be. That the great majority can be trained for self-support and social adjustment is shown by institutional reports, which also show the need of special psychiatric study of at least a fourth of these cases.

The Social Significance of the Psychopathic

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THE problem given me of presenting the significance of the psychopathic —that is, of those borderline conditions between mental health and sickness— in social life, demands first a clear statement of what is meant by psychopathic. In this, in view of the purely practical goal before us, we can do without a strict, scientifically formulated definition, and instead choose one that will prove practically usable, making it possible, on the basis of simple and easily recognizable symptoms, to understand the psychopathic in everyday life. It is, therefore, enough for our purposes to distinguish as psychopathic all those individuals in general who *show in a moderate degree dispositionally conditioned, "constitutional," psychic deviations*, and especially such as are located in the spheres of feeling, will, and instinct—to put it briefly, in the entire sphere of character. By this definition it is sufficiently possible to distinguish these psychopaths from the really insane, although to distinguish them from the normal remains just as difficult as before, since there exist fundamental varying transitions to the normal.

Limitation of Definition

In this definition we are, of course, conscious of the fact that we do not reach far into the depths of the essence of the psychopathic. We acknowledge that the anomalies of these personalities conditioned by disposition (*Anlage*) are rooted deep in the biological subsoil, that they are constitutionally inherited and therefore go back to special mingling and even perhaps injury of the germ cells. We further recognize that they are probably connected with a special physical make-up —here we think especially of the peculiarities of the glands—and that it is possible that they may have a deeper biological connection with definite endogenous psychoses, just as certain endogenous psychoses can grow out of them. We are not concerned here with any of these important connections, since we are mainly interested in the relations of the psychopathic to community life. It is, therefore, sufficient to refer here—for the relations to biological processes—to the excellent biologically and clinically oriented presentation of the psychopathic by Eugen Kahn.

We are further clear as to the fact —and here we come to a point more important in practice—that the psychopathic peculiarities which these types show in real life and especially in their social manifestations are not always simply the direct expression of their psychopathic disposition, but rather the result of changes that these dispositions have experienced in the course of life and under the influence of the stimuli of life. Hence, many a socially difficult character trait of psychopathic natures—oversensitiveness, defiance, hate, aggressive bearing toward others, withdrawal from the environment, and the like—is seen to be rather a secondary phenomenon of character formation and a reaction formation, which has been called forth in an existing psychopathic disposition through definite experiences, through the reaction to environment. We shall not go any more closely into these characterological extensions and pro-

jections of psychopathic natures, in the recognition of which the psychodynamic character investigations of Freud and Adler have been of great value; but we are conscious that these acquired elements of character can become combined with the inborn to make up the entire personality of the psychopath, and that then their separation is no longer so successful as would be necessary for the correct judgment of psychopathic individuals.

The question of the social significance of the psychopath is really the main question to which our occupation with him forces us to seek an answer. As the basis for this statement we point to two self-evident facts. The first is a very general one: As an intelligent being man does not exist in a psychological vacuum, but in a definite medium, which is due to the fact of human association. Therefore, each person influences the common life just as that life also influences him. The second fact is more specific: The normally intelligent, efficient person is so made up, in his psychic disposition, in his feelings, emotions, and instincts, that he is accustomed to act in his environment in a way that is acceptable and useful. If his psychic personality deviates from the normal, his ability for social adjustment, for accepting his rôle in society, suffers in proportion. This is true, as a matter of fact, in an acknowledged but, practically, a less important manner for the insane, who are for the most part shut out from community life since they are in institutions. It is especially true in an extremely important manner for the psychopaths, since their relatively slight deviations allow them to remain in society and permit their psychopathic peculiarity to be characteristically expressed in the most varying social relationships, especially in the economic spheres of industrial and vocational life, in the private sphere of marriage and the family, and in the public sphere of community life and order.

TYPES OF PSYCHOPATHS CONSIDERED

It is, of course, self-evident that the psychopaths are of importance for us here only in so far as they are the objects of public attention, that is, in so far as they are disposed to lack powers of coöperation and adjustment. To begin with, therefore, we exclude from our consideration that fairly large number of psychopaths who with—or rather in spite of—their unfavorable personality traits show themselves efficient or at least average, those psychopaths who suffer to be sure from depression, psychic repression, compulsion neurosis, and the like, but do not experience any social harm because of them. This group of psychopaths, which cannot be reckoned in numbers because it does not stand out socially, must be taken into account if one wishes to get a true conception of the socially handicapped; and it would certainly be an unjustifiable exaggeration if one were to adopt the number of psychopaths in the population as the measure of their unfavorable social influence. Yet the fact remains that we everywhere find a greater proportion of psychopaths the further we dive into the various reservoirs of social inferiority, in charitable and public institutions, workhouses, jails, and penitentiaries. I will not trouble you here with the statistical results of the numerous investigations that have been made in various countries of groups of public charges—vagabonds, beggars, prostitutes, criminals of all sorts, and especially the recidivists and habitual criminals. Instead of tiresome figures, I will content myself with two general references: first to Williams, who shows that in an

investigation of the New York county prisons there were found as many as ninety per cent of mental deviations in various groups of recidivists and that these prisons were in reality little hospitals for psychopaths; and second, to Wilmann's comprehensive judgment as to mental ability, according to which we must consider it a definite fact that fifty to seventy-five per cent of our beggars, tramps, thieves, and so on, show serious psychic abnormalities. At the same time we must not forget that it would be too narrow a view if we were to take into consideration only those psychopaths who offend against the law and paid no attention to those who are endangered or have gone wrong in a different direction, in industrial or family life. Just how closely, in the case of psychopaths, all of these various tendencies to social decline are connected, may be seen in Fuchs-Kamp's portrayal of the careers of people brought up in institutions. It was shown there that a degeneration in one sphere was closely connected with a similar one in another sphere, and that in proportion to the seriousness of the neurosis there was an increase in the degeneration in vocational as well as in family and social relations. In view of all this, we may count on a direct inner relationship between psychopathic disposition and the phenomena of degeneration—family uprooting, social degradation, criminal wrongdoing—and we can, although with a certain reservation, consider these phenomena of social decline as marks, signs, and stigmata of certain psychopathic tendencies.

In what way then do these phenomena of social deterioration appear as expressions of a psychopathic personality? It is not the function of a general survey to show how, in the various psychopathic personality traits and types, such things as pathological frigidity, irritability, desire for attention, pretending, express themselves in the attitude toward, and the conduct of, life and lead to vagabondage, prostitution, crime, drink, suicide, and other asocial inferior behavior expressions. Moreover, it cannot be a question of demonstrating the different social efficiency, the varying tendencies to deterioration, of the individual psychopathic types. It is only possible to make an attempt to deduce the asociality chiefly from generally recognized psychopathic fundamental qualities.

CHARACTERISTICS

For this purpose we shall consider first the signs that have always been used as the distinguishing marks of psychopathic peculiarities (*Eigenart*)—disparity between stimulus and reaction, psychic disharmony, and psychic lack of resistance. It cannot be denied that the representative asocial tendencies of the psychopaths are comprehended in these general basic qualities. I need only remind you of evident facts. The disparity between stimulus and reaction is clearly expressed in asocially significant manner in the various inadequate reactions to social burdens: emotional reactions to unimportant conflicts, repressed psychogenic depressions under difficult circumstances, litigious lack of discipline under the pressure of imprisonment, and the like. A similar expression of psychic disharmony, a lack of equilibrium in the character functions, is seen in asocial acts of impulsiveness, emotionalism, egoistic lack of control, psychic self-appreciation, and so forth. Finally, so far as the lack of resistive power of the psychopaths is concerned, it is enough to call attention to their emotional intolerance in the spiritual sphere and their alcoholic intemperance in the physical sphere, both of

which prove by their unfortunate social results the relationship between the psychopathic basic qualities and the asociality of the psychopath.

This legitimate relationship can be grasped, more characteristically and truly, it seems to me, if we consider the psychopathic peculiarities and types from an entirely different point of view: namely, the extent to which they in their development approach the personality, fully developed psychically, of the socially mature normal being. The psychopaths are really, so far as character goes—that is, socio-psychically—immature types, and precisely those important psychopathic elements which especially endanger these people can be considered as significant phenomena of immature character, as hindrances on the road to character and social maturity. It is sufficient, for example, to call attention to the important group of characters that is distinguished by instability, frivolity, lack of control, weakness of will, and the like, all of whom are distinguished from the mature by the fact that they have failed to develop depth and stability in the life of the feelings and the will. Or, I could remind you of the group of personality traits characterized by sensuality (*Triebhaftigkeit*), lack of self-control, weakness of self-appreciation, and the like, which indicate the arrest of the personality at a primitive stage of its formation, a defective development of character in its ethical, social, and other valuable directions. In the same sense the asocial phantasy tendencies, so common among psychopaths, denote an arrest at a lower, an infantile, stage of character development.

From such habitual peculiarities of character in the psychopath there results a very definite mode of attitude, conduct, and reaction to the environment the mere outward tokens of which betray the asocial tendency, and at the same time the social-psychic insufficiency of the psychopath. Characteristic, perhaps, in the same sense is the reaction of surrender and defeat. In this case the psychopath reacts to psychic demands and burdens with pathologic states—anxiety, depression, hypochondriac moods, psychic repressions, and impotency—which preclude an active attitude and resistance to the threatening harm. Here we find also the reaction of flight and avoidance, characterized by an instinctive withdrawal from the demands of life. The most importunate forms are seen in hysteria, where we see them playing the rôle of the conflict reactions of a free life and especially prison reactions. Equivalent to this flight into sickness, is the flight into intoxication and insensibility, the importance of which, such as the beginning of chronic drinking in the psychopath, does not need to be established. The psychopath's tendency to suicide, in any difficult situation, may be counted among these asocial flight reactions. Finally, there should be mentioned certain fight reactions, in which the psychopath carries on with much emotion, with litigious aggression, and the like, his defense against the exciting irritations of his milieu.

Everywhere we thus come upon tendencies to social deterioration and harm, if we follow the main elements of the psychopathic character in its actual operation. To be sure, we have not exhausted the abundance of possibilities in regard to the seriousness and the extent of the asociality. It is often difficult to deduce the particular form of asociality from the psychopathic type of personality. Therefore, it is clear that natures of pathological emotions tend to aggressive clashes with the environment, the sexually perverse to immorality, the fanciful make-believers to swindlers' crimes.

On the other hand, it is not so easy to decide how the two forms of asocial behavior that are most important practically are to be traced: on one hand the asocial parasite, on the other hand the antisocial enemy of society. One is inclined, in view of certain experiences, to make use of other psychopathic types of personality; to assign the tendency to more passive asocial-parasitic behavior largely to the spiritually dull, unfeeling, apathetic psychopaths and the tendency to more active, consciously antisocial behavior to the more cold, egoistically impulsive excitables. But this is not in every case true. We often see the especially frequent and strongly dissocial type of psychopath—that is, one characterized by instability, weakness of will, and lack of poise—just as well represented in the asocial as in the antisocial group. And closer investigation shows that often outward elements, unusual circumstances, and peculiarities of the milieu have determined the manner of social deterioration, now making a parasite, now a criminal.

MULTIPLICITY OF CAUSES

In general, we must bear in mind that the social failure and fall of a psychopath is not simply and always the result of his particular pathological peculiarity. On the contrary, there is usually involved an entire complex of causal elements, the essence of which, to be sure, is his psychopathic individuality. But this alone would not be a sufficient source of danger, if other generic as well as individual elements were not operative in the same direction. Among these must be mentioned the biological element of the exact period of life and especially the years of youth and puberty, which are of decisive importance for social life.

Of course, the childhood of the patient has a certain significance in this respect, in so far as certain psychopathic faults of childhood and certain school difficulties point to a deficient ability of social adjustment. But it is not until puberty—which in the case of psychopaths is clearly prolonged—that the multiform asocial tendencies of the psychopathic nature are given typical expression and have a multiform influence on character and behavior. Thus it is no chance, but the result of a direct demand of practical life, that social-pathological investigation has been directed with most emphasis to youthful psychopaths and especially to the neglected and the juvenile psychopathic criminals who in Germany are caught in the nets of public institutions. I do not need to explain in detail what causes contribute to make this period of life, especially in psychopaths, an unusually important and critical one—how this biological phase of serious bodily and spiritual upheaval intensifies the already existing lack of poise and equilibrium; how this sociological phase with its heavy social demands and burdens weighs especially on the psychopaths, who are not capable of spiritual resistance and are already inclined to pathological reactions; and lastly, how this psychological phase stamps upon the final character the definitive form and fixation of the psychopathic character traits. All this need not be gone into here. It is enough to call attention to the fact that these biological, sociological, and psychological elements in the years of childhood and puberty occasion two types of phenomena that are dangerous. In the one case there appear episodic disturbances of the mental balance, pathological crises of puberty. The pathological instability, lack of equilibrium, and weakness of resistance are thus increased, the psychopathic traits are intensified, abnormal states of discord occur, and so forth. Social

delinquency, as the result of emotional eruptions, sexual passions, egoistic impulses, tendencies to phantasy and to effort to secure attention, and especially as the result of an instinctive inclination to vagrancy: all such unsocial acts of violence, immorality, swindling, vagabondage, and the like, have their source, in the case of many youthful psychopaths, in these pathological crises of puberty.

DEVELOPMENTAL DISTURBANCES

On the other hand, there often appears a pathological interruption of the development, a disturbance of the natural maturing of the personality. Unevenness in development, one-sidedness in the development of particular spiritual traits—too little maturity in feeling in contrast to the mind, too great sexual development in contrast to the higher feelings. A serious retardation or a cessation of character formation is accompanied by serious dangers in so far as the attitude of the psychopath is determined by psychic tendencies that are not sufficiently adjusted to primitive instinct, social life, and reality, but have remained those of an immature stage of personality development.

How heavily burdened young psychopaths are by these two critical elements—disturbance of the equilibrium and long interruption of development—is proved by the fact, attested by numerous investigations, that there is a large percentage of psychopaths among the neglected and the young criminals, who form notably the majority of the recidivists and the habitual criminals. It is not an exaggeration to say that the curve of social degeneration and criminality generally sets in earlier, rises higher, and lasts longer, in the case of psychopathic natures particularly those of a more serious nature.

But here it is our duty to make an important reservation. This curve of degeneration and criminality need not always run so badly. The pathologically conditioned disturbance of development may occasionally have a mere episodic significance in so far as a socially ordered behavior is brought about after maturity. Especially with psychopaths, there often comes, at about the age of thirty, a late maturity of their pathological character, a psychopathic late and deferred development, which leads to a "secondary balancing" (Kahn) of the inharmonious, unbalanced personality. Thus it is made possible for these psychopathic delinquents to adjust to the average in later years. Thus we see, especially with psychopaths, the surprising phenomenon of a late entrance into social life, a socializing after an apparently hopeless and serious social deterioration due to inner causes. It is possible that occasionally in these cases of late development outer elements play a rôle, the influence of punishment, and the like; nevertheless, the main emphasis must rest upon the inner process of development and its late conclusion, which we also find in the case of psychopaths who have not been socially shipwrecked.

In comparison with this endogenous influence of the period of life, all other endogenous elements are unimportant in social behavior. Yet the biological influences arising from sex deserve also to be mentioned. Thus, as is well known, the generative phases, such as menstruation and pregnancy, often cause a definite instability and sensitivizing (*Sensibilisierung*) of the psychic life and endanger unbalanced and weak natures during definite periods and episodes of life. Here should be noted, furthermore, the early fall into prostitution, which with psychopathic girls sometimes occurs because of

early sexual maturity. On the other hand, other biological psychopathic phenomena, such as endogenous variations in ability, mood, and the like, of psychopaths are not of much importance, since the social inadequacy and the vocational inefficiency caused by them are generally made up for later on.

Sociologically more important because more frequent are disturbances in equilibrium caused by outer influences, especially psychic elements, conflicts, irritations, burdens, and worries. Especially the psychogenic intensification of psychopathic traits—manic temperament, inclination to fancies, instability of feeling, and so forth—generally not only force the psychopath out of the inner mental order, but also interfere from time to time with the ordered relations of life because of emotional outpourings, impulsive actions, undirected attitudes, and so forth. One should also mention especially those psychogenetic moods which in the form of poriomanic and more often dipsomanic conditions keep breaking into the social behavior and which, if they recur too often, end by driving the psychopath into asocial vagabondage and alcoholism.

ENVIRONMENT IMPORTANT

As to these influences that endanger the psychopath one must not lay the main emphasis upon such occasional and episodic influences of the outward life, but rather upon the sum of those lasting influences in the environment which make up the constant economic, social, and vocational conditions of life. One can say without exaggeration that it is not possible to grasp completely and correctly the social significance of the psychopath without taking into account the element of the milieu in its inner relation to the behavior of these natures. In doing this it is necessary to consider the factor of environment in a double sense: in so far as it causes asocial actions and in so far as it forms and preserves character in asocial directions. It is only necessary to refer to definite prevailing traits of the psychopaths: their lack of inner control and power of resistance, their weakness of will, their susceptibility and sensitiveness to milieu, in order to recognize the fact that the psychopaths are especially endangered by the environment as regards both the tendency to asocial acts and the inclination to asocial character formation; and this is especially true of those psychopathic types which form a majority in the groups of social corruption—the unstable, hysterical, and others that are too sensitive to the environment, which we can even call "milieu types."

As proof of the wide-reaching influence of the milieu upon the behavior of the psychopaths, it is only necessary to consider their different social attitudes under different social circumstances. Thus we see that they are often capable of adjusting fairly well or at least for quite a long time to the simple and unprovocative conditions of life in the country or the small city, while they surrender all too quickly to the economic difficulties and many temptations of the metropolis or of industrial districts (here the temptation to drink must be specially emphasized). At the same time we must not fail to recognize that the conditions in regard to the influence of the milieu on psychopaths are not always quite simple, and that the milieu which apparently has caused the asocial forming of character and behavior has in reality been chosen and sought out by the psychopath, his psychopathic asocial inclinations having drawn him to it.

Further, in regard to this social significance of the milieu for the psychopath, it must never be forgotten that it

can only be effective within the boundaries and possibilities set by the peculiarity of the psychopath himself. In the last analysis, therefore, it is the psychopathic personality itself, its social or asocial tendency conditioned by its constitution, that determines the way, the extent, and the limits of the effect of the milieu upon character and actions. In this connection the statistics by Lund of the causes of juvenile crime (1918), published by Gregor in the *Handbuch der sozialen Hygiene*, are significant. From them it is clear that the more the number of psychopaths increases, the weaker becomes the representation of milieu percentage in the separate groups. Whereas in the cases of purely milieu-criminology there were only five per cent, the percentage rose to twenty-seven per cent in the groups where constitution and milieu were of equal influence and in the group of pure constitutional criminology eighty-five per cent were found.

After having taken into account the various elements, biological, psychological, and sociological, which are connected with the understanding of the social significance of psychopaths, we believe that we should give the following formulæ, which also lead to our practical conclusions:

1. Even if we recognize the inner connection between psychopathology and asociality, still it is not permissible to assign all of the asocial phenomena of these psychopaths to their psychopathology.

2. Even if we consider the psychopathic asocial peculiarities as essentially conditioned by predisposition, still it is not permissible to see in them something fixed and unchangeable, but we must recognize in them in general a capacity for change, a certain plasticity in a favorable as well as in an unfavorable sense.

3. Even if we ascribe the main significance for the asociality to the psychopathic traits rather than to the milieu, we must still take into consideration the possibility of a simultaneously effective milieu.

REMEDIAL PROCEDURE

What may be deduced from the foregoing discussion concerning the tendencies and the points of view according to which our practical procedure must take place? In regard to the peculiarities of psychopaths and the causes of their social danger, it is clear that our procedure must be directed on the one side by the psychiatric point of view and on the other by the psychohygienic and the social-hygienic, and that therefore the persons in charge of the care of psychopaths must be correspondingly trained in psychiatry and social hygiene.

The first demand and at the same time the unavoidable condition for proper care is the complete understanding of the psychopaths. This task, to a certain extent preparatory, requires a systematic study of the psychopathic individual in all the relationships of his life, a study that must begin early and take in all his life—a case record that will deal with his inheritance, physical constitution, mental ability, and special character traits. It should also include the development of his psychopathic personality through the physical and psychic influences of the environment, as well as his method and procedure of life, his reactions to various stimuli, and especially to the burdens of social life—in short, a delineation of the psychopathic personality in all its phases, biological, psychological, and sociological. Such a "psychobiogram" (Kretschmer), which must always be brought up to date in all the institutions (charity schools, prisons, insane asylums, and so forth), gives the basis necessary for a prognosis of behavior and thus for proper treatment. Indi-

vidualization is the main requirement for the practical treatment: a method of procedure that avoids all patterns and fits all the physical, mental, and social peculiarities of the case. This is best accomplished when investigation and treatment take place in one center.

INDIVIDUALIZATION OF TREATMENT

Individualization means further a procedure at the right time and the right opportunity. Psychopathic care at the right time demands an interference at the earliest possible time. We are not thinking of those prophylactic-eugenic regulations which strike at the root of psychopathology and through prohibition of marriage, sterilization, and the fight against alcohol and syphilis, endeavor to prevent the still unexplained origins of the psychopath. Rather we are thinking here of the earliest possible care of child and youthful psychopaths, which should extend to this period of greatest social danger and greatest susceptibility to formation and influence. That here, too, there is great need of differentiation in treatment, that use must be made, according to the psychopathic traits and environmental influences, of the most varying kinds of care—in family, homes, educational institutions —and the most varying kinds of treatment—remedial-pedagogic, medicinal, and so forth—is self-evident. In this connection it should at least be mentioned that among these juvenile psychopaths much asociality is not the direct result of the psychopathic constitution, but is of a secondary neurotic kind and thus especially fitted for psychotherapy. In a purely educational respect it must be noted that in unfavorable cases where deficient sensibility has prevented the forming of a higher moral feeling, we must try to develop at least a moral understanding, a utilitarian point of view, as a guide for action. Besides—let this be emphasized—it is not always necessary to use special regulations for juvenile psychopaths. Many times a simple method of protection, which keeps off all physical and psychic harm, is enough to tide them over the critical time. In any case, one should prepare carefully for their entrance into social life and social independence, and make it as easy as possible for them to choose a vocation that is fitted to inclinations and ability and yet is a check to their psychopathic tendencies. If on reaching maturity, the juvenile psychopath has not reached social maturity, one should not be afraid of a form of guardianship, which from the start protects the adult from misusing his newly attained social freedom and at the same time makes it possible to carry on the needed care as long as it is necessary.

Of course, the principle of individualization is especially important for the adult psychopath. In view of the great multiplicity of cases, which vary in regard to disposition, development, and causes of social deterioration, correspondingly numerous and varying measures of treatment must be resorted to. We must place at the center the protective control, which not only prevents all sources of danger of an economic, family, and social kind—conflicts, seductions, alcohol—but also assures social security and safety through procuring work, support, and social intercourse. This is important for those who are merely in social danger; it is much more important for those who are already delinquent, whom it is possible to rehabilitate by appropriate administrative measures, commutation of punishment, and so on. One must also, in the case of adult psychopaths, give special attention to any threats to health, especially those of a psychic-nervous kind. Here it is a question especially of those reactions which threaten an ordered conduct of

life. It is important to remove any causative external factors—financial difficulties, conflicts, punishment—or at least to lessen the pressure and the length of these reactionary conditions by bringing the patient into an environment free from irritations—insane asylum, sanitarium. In certain cases of adults it is also necessary to consider a frankly psychotherapeutic method of procedure, if the asocial tendencies and the social delinquency are due to neurotic projections above the psychopathic disposition—inner tension, repressions of feeling or will, psychogenetic compulsions. In the majority of cases a social-educative method, a spiritual leading, should of course be the important thing, a method which goes into the spiritual qualities of the, in a social sense, immature psychopath. While this psychic method wins psychological sympathy and inner contact with the one being led, the procedure can go on with his complete acquiescence and for this very reason be especially successful. With such systematic adjustment of the treatment to the individual conditions of the particular case, there will doubtless remain a small group for which all psychopathic treatment will be unavailing. This relatively small group of very antisocial and at the same time incorrigible natures can only be taken care of through safe confinement in a socially suitable place, and can perhaps serve the public through their ability to work.

DANGERS OF TREATMENT

After all, we may well recognize on the whole the value of all the measures for the care of psychopathic delinquents and the socially endangered. Nevertheless, a few doubts arise. It cannot be denied that such a far-reaching and lasting social treatment as we are accustomed to make use of in the case of psychopaths does encourage certain parasitic tendencies, such as, for instance, the tendencies to shun all work and effort, to avoid duties and responsibilities, and even to make the most of the environment. Such psychopathic care can very easily, particularly in the case of ethically inferior psychopaths, lead to a further injury to character, even to a demoralization (K. Schneider). But, even aside from this and in the case of better mental types, psychopaths can be spiritually endangered by it. The usual lack of self-confidence, an inferiority complex, psychic lack of resistance, are often increased by continued lack of social independence and by dependence upon care and regulations. Through these, the capacity of the psychopath for independent social behavior is further weakened. All of this leads us finally to demand, on principle and emphatically, the proper dose for the care of psychopaths. In no case should more material or spiritual help be given to them than is necessary to provide them with protection and the opportunity for free action, the trial of their own powers, and the strengthening of their confidence as well as of their will and resistance. It seems to me that the interests of the psychopaths are better served by a careful consideration of the degree and the extent of the need for care than by uncritically overwhelming them with care.

Pooling and Coördination of Effort in Mental Hygiene Clinics

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THE mental hygiene movement has since its inception attracted representatives from many diverse fields of thought. In fact this has been one of the most wholesome and characteristic features of its development. Not only has the broad value of mental hygiene been thus recognized, but also the fact that mental hygiene has needed to draw unto itself facts and skills from many fields in order to meet effectively its many and diverse problems. It is therefore not at all surprising that in the early mental hygiene clinics we found representatives of several different specialized fields functioning together as a team, pooling their knowledge and efforts so as to meet more adequately the task they had set for themselves. Out of the experiences of these early clinics has gradually grown a more or less standard pattern for such work. At the present time, in nearly all well organized mental hygiene clinics, we find four points of view represented: that of general medicine or of the pediatrician, that of the social worker, that of the clinical psychologist, and that of the psychiatrist.

The many advantages of this variety of viewpoints in a clinic are quite apparent, especially when it is realized that such clinics are operating in a field of endeavor that is relatively young; a field in which we have but few firmly established landmarks; a field in which we need to be constantly taking our bearings. In other words, we are embarked upon a journey of exploration in virgin territory and are forced to forge many of our tools and implements while on the march and to create many of our methods of transportation as we traverse this unusually complex and bewildering area.

The pooling of a variety of knowledge, experiences, and techniques tremendously increases the resources of the clinic. In fact, the routine work of a mental hygiene clinic requires that it have an extraordinary ability to draw upon knowledge from a wide variety of sources, and requires the use of a variety of separate and highly specialized techniques. The presence on a clinic staff of these four points of view materially helps to meet these needs. However, there are additional advantages. For a clinic to keep itself advised of progress that is being made in related fields is a stupendous task. A clinic must be advised not only as to advances in theory and knowledge, but also as to changes in community resources in the fields of medical care, in educational resources, in group and case work resources in the social work field, and in resources in the psychiatric field. To meet this responsibility in any large community requires the indefatigable vigilance and effort of the entire clinical staff, and makes vividly apparent the value of pooling knowledge.

Coördination Indispensable

Those who have had the experience of working intimately in a mental hygiene clinic have come to realize that there are other values in team functioning besides the pooling of knowledge

and techniques. A variety of highly specialized personnel working together in a team constitutes, in many respects, a peculiarly interesting social and psychological experiment in coöperation. One of the fascinations of the experiment consists in the fact that the team finds itself confronted with many problems within its own body that are similar to the problems that it is endeavoring to solve for its clients. After all is said and done, one of the major endeavors of a mental hygiene clinic is to assist individuals to be comfortable within themselves and to be comfortable in their relationships to the other persons by whom they are surrounded. Each member of a clinic team is confronted with this problem in a personal way as he endeavors to coöperate with other members of the team in the clinic situation. Unless each member of the team is able to adjust himself satisfactorily to the other personalities of the team, unless he is able by so doing to contribute the whole of his potentialities to the common work of the team, both the individual and the team have seriously lost by this failure to adjust, and as a consequence, the team finds itself losing that optimum that can come from team coördination and coöperation.

Coördination is a peculiarly significant attribute of an efficient mental hygiene clinic. The Century Dictionary defines coördination as arranging in the same order, rank, and degree. This implies that if coördination is to be an attribute of a clinic team, no undue emphasis shall be placed on any one point of view, nor shall there be any undue neglect of another point of view. But there is also need for coördination of effort as well as of emphasis. In other words, not only should adequate consideration be given to each point of view, but each member of the team should feel responsible to the whole for the maintenance of that degree of effort that will guarantee the contribution of his full quota to the pooled resources of the team.

Coördination, however, implies something further than an approximate equality of emphasis and of effort. It implies the establishment of a certain orderliness, a certain systematization, a certain interrelation with fusion, in order to bring about a unification of point of view and purpose of a larger order. Without such unification of purpose and of viewpoint, there will exist a form of dissociation within the team that is disastrous not only to the ideal of coördination but to the client as well. Such unification is absolutely essential if intelligent case work is to be accomplished. Case work planning and strategy are impossible without it.

In order for true coördination to exist within a team it is imperative that each member be able and willing to give his maximum effort at all times, while, paradoxically, at the same time he must be willing to step aside with good grace when the problem at hand requires an emphasis that he is unable to give. His point of view and efforts are essential to the team, but each case work situation demands its own strategem, and to meet this, the individual team member must be prepared to function or to withdraw as the special requirements of the case demand.

If this ideal of coördination is to be achieved, it requires that each member of the team shall have considerable ability to acquire the point of view of the other members. It is not enough that he be able to contribute and give, but he must be able to receive, to accept ideas from others. He must be willing to submit himself in order to receive the thoughts and feelings of others. Much of the skill of the social worker and of the psychiatrist is dependent upon their ability to acquire the view-

point of their clients or patients. Not infrequently, team members who have this ability to an extraordinary degree in their relationship with their clients, will entirely fail to acquire the point of view of another team member. There is a vast difference between the worker-client relationship and the interrelationships within the team. In the former, the worker is dominant, while in the latter, the relationship is in a sense competitive. In the former, the worker's ego is apt to expand and thrive, while in the latter, it may get bruised. A tender ego in a competitive situation is almost sure to block the worker in his ability to acquire the other worker's point of view. He is almost sure to feel threatened and almost automatically he will endeavor to maintain and protect his own view.

This problem confronts every member of a team to a greater or less degree. They must all face it and work through it. If they are able to merge themselves into the team as a whole, if they are able to lose themselves in the case work problem at hand, if they can forget the challenge to their egos in order to accept the challenge of the job at hand, they will have gone a long way towards adjusting themselves to the team work situation. When one is able more or less completely to identify oneself with the team as a whole and with its total job, there will come for the individual a maximum release of effort and there will be much less danger of injury to his ever tender ego.

It is asking a great deal of the individual to require this type of adjustment to the team. Some individuals find it impossible of achievement, while others appear to fit into this scheme of things too readily.

Individual Initiative Needful

One of the greatest dangers confronting certain individuals who become a part of a team is the satisfaction and comfort that can be secured from always having other members of the team upon whom they can depend. Sometimes, without the individual's realization, a dependency develops that is not good for the individual nor for the team. When the team authority becomes an infallible deity, when every decision has to be referred to the group, it is time to take stock. Such a situation requires re-evaluations both for the individual and for the team.

If a team is to succeed in securing that degree of self-obliteration that is so necessary for team coördination, and at the same time is to protect the individual from the disaster of overdependency, it is essential that the team guarantee to each of its members a wholesome measure of satisfaction arising from some activity that is more or less divorced from the general team work. There are many forms of satisfaction available—writing, lecturing, speeches, committee work, community contact and organization, special research projects. Although such activities are related to the work of a clinic, they provide opportunities for the expression of initiative. They bring satisfaction which is based upon the worker's own individual effort. Some such form of satisfaction is imperative for the individual. No one can continue to progress if his identity is too completely fused in the team.

It is frequently possible by meeting this problem of the individual worker, not only to increase the resources of the team but at the same time to bring the needs and abilities of the clinic personnel more fully to bear upon needs of the community.

If a clinic team is approximating an optimum in its coördination, a phenomenon comes into operation that constitutes one of the great advantages of team work. Where the individual

members of a team are free in their relationships with each other, one finds a definite "stepping up of the potential" in the team thinking.

For example, if Individual B is free to accept an idea from Individual A, Individual B may react to this idea, broaden its meaning and add something to it. If Individual C is present and is free to add his contribution, after the first exchange, Individual A has his own idea plus something more. He can now not only build upon his own original idea, but can incorporate and build upon the additions of B and C. In this way the potentialities of A have been increased, as have also those of B and C. In the course of an hour's discussion, interaction of this sort may be observed again and again. Under such circumstances, the thinking of the group achieves an end result that is something over and above the sum total of the potentialities of each individual involved. This phenomenon constitutes a tremendous asset to the team's work.

It is unfortunate that in many situations this asset is lost to the team because individual members are not free to participate on account of personality difficulties which block them in the team situation. Such blockings of the individual can only be accurately understood in terms of the individual's own mental mechanisms, but in some cases one or two individuals with irrepressible desires to dominate can crush into apparent submission other relatively well adjusted members of the team, so that a blocking of the majority of the group occurs. This tends, as a rule, to bring about a fixation of the group's development at a level that is far below the group's full potentialities. In fact, sometimes the fixation takes place at the level of the weakest member of the group, and one feels an urge to invent a new series of labels to apply to these pathological manifestations in the field of team work and coöperation.

It is extremely fortunate, however, that such blockings seldom occur in more than one or two members, and that they are likely to be more or less episodic, so that the more extreme effects of this phenomenon are usually only partially destructive of the potentialities of the team as a whole.

With some individuals, such blockings not only affect their reaction in the team-work thinking situation, but at times will cause the development of what might be called a "team-situation stubbornness," so that they creep within their shells, as it were, refusing to give to the team any newly discovered information, or they may even childishly attempt to punish the team by delivering a poor level of performance, even in their routine work. This latter reaction is relatively more frequent in large institutional enterprises than in mental hygiene clinics. Somebody has said that "human nature is very prevalent," so there is always a chance that mental hygiene clinics may fall heir to their share of "team-situation stubbornness."

Problems Among Workers

To what extent the vocations of psychiatry, psychology, and social work tend to attract individuals who have difficulties in adjustment has not been accurately determined. We frequently find maladjusted individuals in these fields, and this at times can create very real problems within the staff of a mental hygiene clinic. Sometimes one or two such individuals can seriously handicap the functioning of an entire team.

Complete freedom from personality difficulties is probably an ideal to which no one ever attains, but if an individual has had major maladjust-

ments, it is essential that he should have solved most of them, or he is more likely to prove a liability than an asset to a clinic team. In contrast with this, it not infrequently occurs that a person who has solved major difficulties of his own may prove especially valuable to a mental hygiene clinic. It is the unsolved maladjustments that create difficulties both for the individual and the team of which he constitutes a part.

The subtle manner in which minor maladjustments can cause an individual to lose his objectiveness is peculiarly interesting. Not long ago a male psychiatrist was asked by a woman colleague to see the father of a patient. The individual making the request thought this father would get more out of a contact with a man than with a woman. A little further discussion convinced the psychiatrist that he was really expected to give the father a vigorous scolding. The reason for this request became clearer when it was discovered that the other worker had always been very much afraid of her own father, had resented certain of his traits, and had often wished someone would get after him. The finding of these resented traits in the father of the patient gave rise to the above request.

From time to time one sees workers who are "bent upon saving the world," workers who find satisfaction for their "lust for power" by "minding other people's business," workers who must find something to blame and punish in the client, workers who must make the world a better place in which to live because they themselves have never been able to adjust to the world as it is. There are probably few individuals who are free from all such "prejudices." A well functioning team protects not only the client but the individual and the team as a whole from the disastrous effects of such personal idiosyncrasies. In a well coördinated team, such prejudices have been seen gradually to disappear—a "painless operation" both for the individual and for the team. "Group thinking" is probably the best available protection against the individual's or the group's "going off on tangents." It does not take many weeks of team work to convince the average individual of this value. Group thinking is a remarkable corrective and check on possible errors in individual thinking. It need not operate as a taboo.

In contrast with some of the "prejudices" above mentioned, one finds an occasional social worker, psychologist, or psychiatrist for whom team work is almost an impossibility because of his assuredness of himself, because of the fixity of his earlier attitudes and points of view, because of his inability to profit by the new experience of team work. One wonders if the psychiatrist is not particularly prone to this difficulty, due to his wish for a simple prescription for the social and emotional ills of his patient, or due to his wish to be recognized as the direct descendant of the "medicine man." So often he takes himself much too seriously. So often his manner would indicate a belief in his own deification and infallibility. Too often all of these wishes and reactions are merely defense reactions to cover his own feelings of inadequacy in the team-work situation but they may effectively block his own development and render him valueless to the team.

DEVELOPMENT OF THE INDIVIDUAL

Not only does participation in the group hold for the individual some of the constructive and destructive possibilities mentioned above, but it has an additional value. A few years of work with a mental hygiene group gives

an individual a breadth of knowledge, a viewpoint, and a perspective that he did not previously possess. This result is perhaps most striking in the case of the psychiatrist. As a result of mental hygiene clinic experience, he should be able to discuss intelligently pediatrics with the pediatrician, psychology with the psychologist, education with the educator, social case work with the social worker. Each member of such a team has acquired added experience in his own special field and also a very definite "something over and above this." Just what the individual worker has become is a difficult question to settle, but he is certainly something more than what is generally understood by the term social worker, psychologist, or psychiatrist.

In contrast with this wholesome development, one sees a trend developing in some quarters in which an individual attempts to function as a substitute for a mental hygiene clinic, or in which an attempt is made to build a mental hygiene clinic about a single person or about a single point of view. Such efforts are at times justified by special or unusual circumstances, such as the impossibility of securing adequate funds, the development of a new type of service, or the undertaking of some special piece of research, but frequently such reasons are mere rationalizations. Too often, such enterprises are developed for the purpose of serving as a personal outlet for some prejudiced, poorly trained, or dangerously individualistic psychiatrist, psychologist, or social worker. There is danger when an individual acts as though he had received, by special dispensation, the magic of the "medicine man."

For some time to come, it will be hazardous for an individual to attempt to function in this field independently of a well organized and coördinated team. It cannot be considered a safe experiment unless the worker has had a broad experience with the best of team work, and even this is not without its risk unless some opportunity be provided for occasional contacts with some well organized clinic or group. Otherwise, the necessary check and re-evaluations cannot take place.

If pooling and coördination of effort is to reach its fullest development, there will be problems both for the team and for the individual; there will be responsibilities on the part of the team toward the individual, as well as responsibilities on the part of the individual to the team. If a mental hygiene clinic is to be considered healthy in this respect, it is essential that there be that quantity and quality of pooling and coördination of effort which shall bring to the service of the clinic and of the community the optimum of the clinic's potential resources, while giving to each member of the team that degree of freedom and individual satisfaction that will bring contentment.

Mental Hygiene from the Standpoint of College Administration

By Charles D. Bohannan

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THIS paper attempts to present such data as have been found available bearing on the questions: What does mental hygiene have to offer to the present college situation? What has it to offer to the college administrator, to the faculty members, and to the college student? What should be the scope of the college program in mental hygiene? How should it be administered? What should be its relation to other phases of college activities?

The movement looking towards the reconstruction of college procedure in accordance with the broader aims of education is apparently well under way. A considerable number of articles dealing with the problems of mental hygiene among college students has appeared within the last few years. Most of these are technical articles, appearing in technical journals, and written by technically trained psychiatrists, who are chiefly interested in their own science, that of mental hygiene.

In this paper, the effort has been made to evaluate these contributions of the psychiatrists (many of them exceedingly interesting) in terms of college administration and instruction. A bibliography has been appended for the use of those who may wish to pursue the matter further.

What Is Mental Hygiene?

To many of us, perhaps, the mere mention of the term "mental hygiene" brings the thought of conditions which we feel are not found in college and hence are of no concern to college people—the thought of mental diseases and disorders of the more pronounced types. However, an examination of the current writings of psychiatrists indicates quite strongly that the present connotation of the term is no longer merely that of the treatment of the more acute forms of mental defect and disease. Thus Blanton (3) [1] speaks of mental hygiene as "a specific type of education aiming not only to prevent failures and breakdowns but also to help the average student to become more efficient."

The emphasis which the modern psychiatrist is putting on the behavior of normal individuals rather than on abnormal conditions, is well illustrated by the following quotations. Durea (8) says: "Mental hygiene is concerned with every medium or agency that influences or conditions human behavior." Tiebout (35) says:

> Psychiatry concerns itself with the total integration of the personality, including the individual physical and mental make-up. Theoretically it includes equal consideration of all phases of life, but practically it does and should limit itself largely to an attempt to understand the fundamental motivations of human conduct. In other words, it has as its goal, knowledge of the emotional life, the term "emotional" being used in its broadest sense and being considered in contrast to the intellectual.

Williams (36) in commenting on the fact that mental hygiene, while recognizing and dealing with abnormal

[1] The numbers in parentheses refer to the bibliography at the end of the article.

types, is by no means confined to these, puts the matter thus: "But mental hygiene . . . is vastly more concerned with the mental health, the happiness, and the efficiency of the average normal person, of you and of me, of our wives and our children and our neighbors." Elsewhere, he says that the concept "mental health" should be interpreted "broadly in the sense of behavior and the ability to attain and maintain satisfactory human relationships" (37).

It is only within recent years that the psychiatrists themselves have come to realize the importance of the hygienic aspects of their work and to concern themselves with other than the more abnormal and clinical cases. However, it is exactly those hygienic aspects of the work which the leaders in the field are now emphasizing, and in connection with which they are advocating mental hygiene work in our colleges.

Mental hygiene, then, according to the modern conception, deals with emotional and mental disturbances and situations which range all the way from actual, frank, mental diseases down the scale in intensity to those temporarily existing conditions of stress or strain which are more or less common to all of us, but which if neglected or unwisely reacted to, may, in a number of cases and under certain environmental conditions, either develop into the more pronounced types of disorders or else become the cause of markedly reduced efficiency, or even failure.

Need Among College Students

Certainly, as college administrators and faculty members, we are, or should be, keenly interested, not only in the treatment of any pronounced cases of mental disease within student bodies, but also in discovering and eradicating the factors or elements in the college situation or environment which tend to render difficult the adjustment of the student to new situations, and the development of the most healthful and positive type of emotional and mental reactions. Likewise, we are interested in discovering what conditions or attitudes are commonly present among students as a group or in individuals which render them apt to make inadequate adjustments and responses.

Of the more pronounced types of cases, i.e., those of actual, acute mental disease or extreme emotional disturbance, we should expect to find but an occasional case within our college student bodies. Our student groups have been too well selected for such cases to be prevalent to any marked degree. When they do occur, they should of course be detected and removed to the proper type of hospital for psychiatric treatment. Strange as it may seem, such persons do at times succeed in getting into college and they remain until, under stress, some emotional upset breaks down their natural inhibitions. The result is an outstanding college scandal or at times a rather serious criminal offense. Unfortunately, it is sometimes the abnormal or unusual conditions of college life which precipitate the break.

Results of Examinations

Morrison and Diehl (26) at Minnesota, in studying the mental hygiene needs of freshmen, made use of a personal history blank. This provided for a record by the student of information concerning past illnesses, personality characteristics, and nervous disorders or breakdowns among relatives. On the basis of these histories, the authors concluded that 3.5 per cent of the boys and 4 per cent of the girls were definitely in need of mental hygiene; also that an additional 2.6 per cent of the boys and 1.9 per cent of the girls had real problems but were them-

selves evidently making satisfactory adjustments.

It should be noted that Morrison and Diehl state that these figures are probably too conservative, because of the limitations of their method of ascertaining problem cases. It is also worthy of note that these freshmen were examined before they had been subjected to the strain of the newness of the college situation.

Another fact of importance is that the study cited tends to controvert the idea held in some quarters that such problems occur only or chiefly among students in the lower ranks in intelligence. Fifty-six per cent of the boys and sixty-three per cent of the girls needing help had a psychological test rating above the average for the class.

Peck (27) at Harvard examined fifty-nine men, twenty of whom were selected at random, the other thirty-nine being referred to him or coming of their own volition for advice. The results were as follows:

	Twenty Random Cases	*Thirty-Nine Referred Cases*
Normal personalities	15	9
Definite neuroses	2	18
Psychotic	0	3
Minor personality disorders	3	9

Smith (32) reports on psychiatric examinations of three hundred men at California who either were referred or came in voluntarily for assistance. Only twenty-four had definite psychoses, while of the others, eighty-four showed some form of maladjustment; fifty-four cases were sex problems; fifteen cases showed hysteria; and twenty-one were neurasthenics.

In the anonymous article on "Mental Hygiene and the College Student Twenty Years After" (1), the author states that of the members of his class whom he knew intimately, about forty per cent have "shown signs of what I take to be neurotic, psychoneurotic, or even psychotic difficulties." It is also interesting to note that the author says that these persons comprised about two thirds of those who qualified for Phi Beta Kappa and that these included most of the marked cases of mental and nervous diseases.

Blanton (2) says that a study of over one thousand cases shows that fifty per cent "have emotional difficulties that prevent them from realizing their highest possibilities," and that ten per cent "have maladjustments serious enough to warp their lives and in some cases to cause mental breakdown unless properly treated."

Cobb (6) reporting on a brief examination of 1,141 students at Harvard in 1920, states that 16.4 per cent gave a history of one or more troubles indicative of a neurotic condition.

On the prevalence of nervous disorders at West Point, Kerns (14) writes that during the spring and winter months, nervous disorders are second to acute respiratory diseases in frequency, while during the summer and fall they are second only to minor injuries incurred in outdoor sports. He adds, however, that frank mental diseases are uncommon, the problems being largely those of behavior, with some psychoneuroses, and mild depressions. "West Point is a fertile field for incipient nervous disorders." This is evidently because of the fact that students at West Point are living under conditions considerably removed from those of ordinary, normal life. While similarly extreme conditions do not exist at our other institutions of higher learning, the statement of Major Kerns is fraught with real meaning for us.

In a later article (16) dealing with mental hygiene work at Yale, Dr. Kerns says that of the number referred to the department or coming in vol-

untarily for conferences, forty-five per cent showed frank mental disorders; twenty-five per cent showed scholastic difficulties; fifteen per cent had sex problems; and fifteen per cent showed personality problems. Of all problem cases, twenty per cent were essentially depressions.

SERIOUS DISORDERS NOT FREQUENT

From the above rather meager data, it would appear that in our large universities, the more serious types of mental disorders may range from about two per cent to about ten per cent of the total freshman group. For the entire student body, the figures may well be different—either larger or smaller —since on the one hand, a number of the more pronounced cases will be eliminated during the freshman year; while on the other hand, incipient but not readily recognizable cases of such disorders may develop to a much more pronounced stage in the later years, because of the stress and strain of college life. Such cases of course are a very potent argument for the establishment of psychiatric service that will make possible their early detection and the application of diagnostic and preventive mental hygiene measures.

Space does not permit the discussion of any of the numerous and very interesting case histories of acute mental disorders and emotional disturbances in colleges. Persons interested will find a number of such case histories carefully described by Leatherman and Doll (20); Corson (7); and Kerns (14) and (15).

As college administrators and faculty members, we need, however, to be much more concerned with the milder forms of more or less temporary mental and emotional disturbances. There can be little doubt of the presence of a large number of these within practically all student bodies, and as college officials, we have been too little cognizant of this fact. These difficulties frequently grow out of or are accentuated by college conditions and demands. Many of them might perhaps be avoided by wise counsel and a frank recognition, by the faculty members and by the student concerned, of the nature of the case, of the source of the difficulty, and of the proper measures to be taken to prevent or ameliorate the condition. Have we not been too much inclined to assume that the student is, or should be at all times an entirely intellectual being, forgetting that even faculty members have emotional conflicts which they do not always solve in the light of cool reason, to say nothing of entirely forgetting the problems which confronted us in our own student days? As is stated by Williams (36) in the first of his two extremely thought-provoking papers on "Mental Hygiene and the College Student," "There is not one of us but has his psychic scars of this period."

Anyone who has been in an advisory relationship to students knows that many of them have serious problems which are not entirely of an intellectual nature. This is amply borne out by various psychiatrists and others, as well as by the few studies which have been made of student "mortality" or "failure" as we dub it from the college standpoint.

KEEN INTELLECTS SUFFER MOST

It is often those students having the highest or keenest intellects who suffer most from the real or imaginary conflicts of college life and who are likely to be the least able to stand up under them. An examination of a number of studies of the correlation between scores made on intelligence tests and on academic grades reveals some startling figures concerning failures or at least "unsatisfactory" work among students

in the upper quartile on the intelligence test.

At Brown University according to MacPhail [2] from eight per cent to ten per cent of those in the highest quartile on intelligence tests do "unsatisfactory" work, and in his summary, page 151, he states that "about three fourths of the students who receive high psychological ratings do satisfactory work." A quarter of those who have high intelligence ratings fail to do satisfactory work. Terman [3] reports that at the University of Chicago, of those students who were eliminated during the first three months, eleven per cent were in the upper quartile on intelligence test score.

A more recent report from the University of Minnesota [4] indicates that of all admissions from the Twin Cities high schools for the years 1923–1924, 1924–1925, and 1925–1926, of those standing in the upper quartile on intelligence test score, 66 per cent did satisfactory work. This is given in contrast to the 13.4 per cent of those in the lowest intelligence quartile who did satisfactory work. But nothing is said of the fact that this also means that 34 per cent of those in the highest quartile on intelligence test score did *unsatisfactory* work. Assuming that the intelligence tests measure that which they propose to measure, it would seem that we have here an extremely high wastage of potential leadership, at least in intellectual pursuits.

It is the freshman who most keenly feels the weight of the differences and the strangeness of college life. Accordingly, it is in the first year that the student is most likely to develop feelings of inferiority, unhealthy emotional tones, and inadequate or unwise modes of reaction which may accompany him not only through college life if he "survives," but through all his after life as well. Many prove unequal to the strain and drop out of college early; others remain but fall far short of their maximum potentialities.

From the time when he first examines the college catalog—which, as has been so aptly said, is often "so full of courses that he can't see the education"—until he is well along in his freshman year, the student is subjected to a number of new and often bewildering experiences, for reaction to which he frequently has no adequate basis either of intellect or of habit. This situation, accompanied by the break from home ties, by the meeting of new fellows, by the encountering of new ways of living and working, by a new type of school work, and so forth, is summed up by Williams (37) in the statement: "He [the freshman] rides into college on a sea of emotional problems."

Some freshmen are able to make satisfactory adjustments to, or to find adequate solutions for, many or all of these problems. Others are able partially to solve some or all of these emotional situations, while still others become involved in inadequate and at times disastrous modes of response. Such cases will readily occur to most persons who have themselves been college students or who have been concerned with student relations.

Failure versus Success

Laird (19) who made a study of mental health problems among students of the University of Wyoming presents a number of interesting cases. One is that of a boy who made the highest score on the Thorndike intelligence examination, was elected a member of

[2] MacPhail, A. H., *Intelligence of College Students*, Baltimore: Warwick and York, 1923, p. 90.

[3] Terman, L. M., "Intelligence Tests in Colleges and Universities," *School and Society*, 12, 330: 480–494, April 23, 1921.

[4] "Student Aptitude and Prediction of Student Scholarship," *Report of the Survey Commission*, No. 10, University of Minnesota, 1927.

the literary club, and was invited to join one of the fraternities. This was certainly an auspicious start for a college career, especially in view of the further facts that he had worked his way through his high school, and had so impressed the business men of his home town that they had lent him the money with which to secure a college education. Yet, in a few months we find this boy out of college, disgruntled, and working in a small newspaper office. The record shows that while he had aspired to a literary career, a false sense of duty to the folks at home had induced him to take a course in agriculture, which he did not like. Furthermore, we find that whereas in the local high school his English work had been very highly praised and even published in the local newspapers, the English instructor at college "tore his productions to pieces." What was needed in this case was evidently educational and mental health guidance for both the boy and the English instructor. The latter probably needed an understanding of human motives and emotions—his own and those of his students.

Another case is that of a lad whose experiences illustrate the fact that a student may fail to make proper adjustments under one set of conditions and yet be quite adequate in another setting. This boy was an orphan from a Wyoming ranching community, had worked his way through high school and was desirous of securing the best possible college education. He succeeded in passing the Harvard College entrance examinations and was admitted. At Harvard, he became lonely, blue, and discouraged, and decided to give up the idea of getting a college education. On returing to Wyoming, he stopped at the University to visit some of his boyhood friends. At their suggestion he registered there, and became, according to Laird, a very good student. It should be noted that this was not a case of failure to carry work satisfactorily in a larger school and then going to a smaller school and making good. Had he not more or less haphazardly decided to visit awhile at Laramie, he would undoubtedly have been put down as a "failure."

Thompson (34) cites the case of a girl who presented an instance of "compulsive thieving with psychopathic origin." Instead of being dismissed from the college as a disciplinary case, she was withdrawn and given the indicated type of treatment. At the end of one semester, she was able to return to college and graduated with Phi Beta Kappa honors.

Brotemarkle [5] gives among a number of cases that of a college senior, twenty-two years of age, who was of superior mentality but who showed an *emotional response deficiency* due to a definite physiological maladjustment. This youth, like the girl reported by Thompson, was fortunate enough to fall into the hands of a person with sympathetic understanding. He was withdrawn from college for treatment. To this he responded very nicely, completed his undergraduate work, and went on to professional training.

Young (39) relates among others the case of a girl with an Army Alpha test score of 145, who was completely baffled by emotional states arising out of conditions in her home, and who as a consequence was facing a mental breakdown. She applied to Young for advice concerning her memory as her grades were going down. Young reports that a frank discussion of her problems and directions as to the course which she should pursue led to a resumption of normal activities and a normal outlook on life. The girl be-

[5] Brotemarkle, R. A., "Individual Mental Testing at the College Adult Level," *Jour. of Applied Psychology*, 11, 6: 415–436, 1927.

came the head of her sorority, graduated from the university, and entered the teaching profession.

PROPER ATTENTION NEEDED

As one studies these and other cases of students with emotional difficulties, one cannot help wondering how many cases of dismissal for disciplinary or scholastic reasons might have responded quite adequately had they had proper attention. To allow potential leaders to go into the discard is not only pathetic from the individual standpoint but extremely wasteful from the social point of view.

While there have been but few studies made of such cases and of the number of students having personal problems, it is believed that there are many more than has been commonly recognized. This conclusion is borne out not only by the studies mentioned above, but also by such studies as that of Pressey (28) at Ohio State University. This study covered a group of one hundred women undergraduates, and the results showed that "every student reported at least one problem; the median number was three. All but twelve students acknowledged at least one problem as serious." Meredith (23) says: "A more complete knowledge of the individuals in such a group [of college students] reveals that almost no student has been entirely free from problems that to her were serious and disturbing."

Blanton (3) made a study of one hundred unselected juniors and seniors at the University of Wisconsin and gives the following data concerning their problems. Eighty-five were suffering from severe timidity, stage fright, and self-consciousness; seventy-four, from feelings of insecurity and inadequacy; fifty-five, from problems relating to love affairs; fourteen, from inability to choose their careers; and fourteen, from religious problems.

Says Williams (37) "There is no student in the college to whom matters of mental hygiene are not matters of importance."

The above discussion and presentation of data probably sufficiently emphasize the presence of a considerable number of problem cases in colleges and universities. The problems here referred to are largely emotional or at least non-intellectual, in the strict sense of the term. Unless the college is to assume that these problems are a dispensation of Providence, some provision must be made for their recognition and treatment. Let us turn to a consideration of some of the suggestions that have been made concerning the content of the college program of mental hygiene, following that with a brief discussion of its administration.

The program of mental hygiene consists of two major divisions; namely, the diagnostic and preventive service (including advisory work); and instruction in the principles of mental hygiene. It should be recognized from the start that these two branches of mental health service are and should be supplementary one to the other.

INSTRUCTION IN MENTAL HYGIENE

The purpose of the course of instruction in mental hygiene is not to train future psychiatrists nor psychologists, but to help the student better to understand himself, his limitations, and his potentialities, and how to make the most of them.

The development of attempts to provide instruction in the principles of mental hygiene has proceeded along two lines. One is the establishment of separate, definitely organized courses in mental hygiene. The other is the inclusion of such instruction as a part of already established courses in other subjects, notably psychology and hygiene, together with some development

of the work in connection with speech education.

Concerning the content of courses in mental hygiene and the educational values which may be expected to result therefrom, Campbell (5) says:

> He [the student] should in every case have a course of instruction dealing with the fundamental problems of human life, and in this department should find a suitable opportunity for facing his own needs and difficulties, and placing his intellectual development on the sound basis of a healthy and clearly understood instinctive life.

Harrington (12) recommends "educating him [the student] in regard to the principles of mental hygiene so that he will be able to proceed intelligently in issues involving his own mental health and that of his fellows." President MacCracken of Vassar (21), in commenting on the place of mental hygiene in the curriculum, says: "I believe thoroughly in the introduction of mental hygiene into the curriculum and particularly into the life of the college." In addition to other values, Dr. MacCracken thinks that work in mental hygiene will make for a more wholesome attitude on the part of the student body towards those individual members who otherwise might be regarded as a bit "queer."

Harrington, as a result of his work as Consultant in Mental Hygiene at Dartmouth, emphasizes quite strongly the value of courses in mental hygiene for both students and faculty. He suggests in a recent article (11) that such a course should provide knowledge concerning: (a) the normal mind and its workings; (b) the principles of psychopathology—how and why mental diseases develop; (c) the basic principles of mental hygiene.

The third section of this proposed course depends on the second and that in turn on the first. At the time of writing the article referred to, Harrington was offering two courses. One was an elective course for sophomores, juniors, and seniors; the other, a more advanced course, was open only to men with some training in psychology. What training in mental hygiene was being offered to freshmen, who would seem to be in the most critical period, was not stated.

Steckel in a recent issue of the *Psychiatric Quarterly* (33) presents an outline of a course in mental hygiene which was used with a "group composed of parents, teachers, social workers, public health nurses, and college students." He states that judging from the examination papers, the course was instrumental "in getting over to all individuals of the group the significance of mental hygiene in its broadest sense." The course was offered as a two hour credit course, meeting eight times a semester for two semesters, each meeting comprising two fifty-minute periods. The article presents an outline of the principal points covered, arranged under sixteen major headings, including a statement of the reasons for the inclusion of each topic, together with bibliographical material on each.

OUTLINE RECOMMENDED

The following outline of a college course in mental hygiene is one recommended by Dr. Smiley Blanton (2) as an outgrowth of his own experiences with college students. It is presented here, as being the best of such outlines available, for the information of persons interested in this new line of work.

I. *The anatomical and physiological basis for behavior*

The nervous system; the functions of the autonomic nervous system; its relation to the emotions.

II. *The subconscious mind*

The subconscious mind as a theory which helps to explain certain facts of

human behavior; forgetting; primitive types of thought; repression and emotional conflicts.

III. *Emotions and instincts*

Instincts in the human poorly developed, not present as in animals, modified by habit as soon as born; tendencies in the human being composed of instincts, emotions, and habits. The emotional life as the servant of the instincts; necessity for finding some outlet for the emotional life; development of the tendency to gain attention; how this tendency may be turned to social use; sublimation of instincts; the great part played by transfer of emotions.

IV. *The primitive fundamental ego impulses vs. the demands of society*

Infant self-centered and dominated by his ego desires; the modification of these desires by group pressure.

V. *Discussion of the home*

The psychological divorce which the child must make from the home; the part played by the home in the primitive tendencies; attitude toward teacher as a transfer of the attitude toward the parents; the love life of the child; adolescent and adult social life; social life of the college.

VI. *Moods*

Depressions and elations, underactivity, grouches, and other similar undesirable emotional attitudes.

VII. *Fears*

Anxiety states—timidity, stage fright, inability to recite, fear of groups, fear of certain social situations; morbid and obsessive fears which appear in normal persons.

VIII. *Compensation*

Fundamental personality traits often due to a compensation for some psychological or physical defect or inferiority. These defects or inferiorities as aids toward success if the compensation is a wise one.

IX. *Suggestibility*

Meaning of suggestibility; much of our education is carried on through the means of suggestion; forms of suggestion that are unhealthy; too much suggestibility; the meaning of this and contrasuggestibility.

X. *Rationalization*

Meaning of rationalization; examples of rationalization in everyday life; frequency of rationalization; the alibi-ing individual.

XI. *Reality versus daydreaming*

The difficulty of adjustment to reality; lack of adjustment in primitive man; the world of dreams; adjustment to reality during some few hours a day; the flight from life in daydreams and in various forms of art, novels, movies, and so forth; romance to the exclusion of the real facts of life.

XII. *How to study*

Outlets for the intellectual life; training in concentration, memorizing, taking notes, and so forth.

XIII. *Failures*

The difficulties that have been experienced by others; physical handicaps and emotional problems that have been met before; examples of physical difficulties in great men who have succeeded in spite of their handicaps; examples of serious emotional difficulties that have been met courageously.

XIV. *The life history*

Study of the student's emotional and social life which he writes personally during the course; instructor reads this life history and uses it as a basis for discussion when interviewing student.

Dr. Blanton suggests that this course be given two hours a week for one semester, with credit. He says that it has been given to both college and high school students.

INCLUSION IN OTHER COURSES

As stated above, the other line of development in instruction in mental hygiene has been in connection with already established courses in other subjects. Thus Laird (18) reports such work as incorporated in the course in elementary psychology at Wyoming; Rarig (29), in connection with work in speech education at Minnesota; Gardner (9) also recommends its inclusion in the work in psychology; while Smith

(32) of California recommends that work in mental hygiene be given in connection with the freshman course in hygiene, and that in addition an elective course be offered.

Laird at Wyoming, being of the opinion that the course in elementary psychology might be so reconstructed as to be of greater personal value to the students, took a student vote as to interest in the topics ordinarily covered. On the basis of this consensus of opinion, he curtailed the work on certain phases and expanded materially those which might be considered as coming under the heading of mental hygiene. This part of the course covered a six weeks' period. The lectures were based on Prince's *The Dissociation of a Personality* and on the same author's *The Unconscious*. Each student prepared two reports—one, a personal analysis and examination; the other, a study of some student in the university whom he had also known in high school. At the end of the course, the students were asked to vote on the various phases of the course, including the work in mental hygiene. As a result of his experiences, Laird states that "college students are eager for instruction in mental hygiene, especially as it affects them personally."

Rarig states that at Minnesota he found self-analysis on the part of students a great aid to them in overcoming difficulties encountered in their work in speech education. He cites a number of cases of persons who were suffering from inferiority complexes or timidity, who were materially helped by such self-analysis.

Regardless of whether the instruction in mental hygiene is offered as a separate course or in connection with other courses, there is evidently a unanimity of opinion that the work should be so presented and the discussions so handled as to emphasize not the abnormal but the normal. Thus, Williams (37), after stating that he believes the work can probably be best introduced through a series of lectures in the freshman year, and after calling attention to the fact that they should be carefully planned, has the following to say concerning the content: "It should not deal with problems in 'abnormal psychology' or with mental or nervous diseases as such, except incidentally in the course of illustrating a point or principle. . . . The student should come from the course with a better understanding of himself, not of a dementia-praecox patient."

Meredith (23) expresses the opinion that

> the spirit in which both lectures and personal consultations are given is of as much importance as their content. . . . It is primarily essential that the difficulties be discussed as everyday problems of common occurrence in the lives of most normal individuals. Students must not be led to become morbidly interested in disease of any kind. . . . The word "insanity" should not be used, and the prevention of mental disease should not be held up as the aim. The emphasis should all be on improvement in the technique of living.

If the teaching work in mental hygiene is to have the above admittedly desirable results, a word of caution concerning its development may not be out of place. If the courses are allowed to become highly formalized, they will probably fall far short of their intended purpose. Mental hygiene is a tremendously personal matter. If it becomes a mere matter of a stated number of topics to be covered, of hours to meet classes, of stated reports to be prepared, and so forth, it will never function personally. Under such conditions it will become a thing as foreign to the personal life and interests of the student as is the average college course in other subjects. This

word of caution would seem to be all the more timely since it is apparently true that in some places just this mistake has been made in connection with the work in physical education and hygiene, because of a perfectly understandable and yet mistaken zeal to make that work conform to academic standards of the old type.

DIAGNOSIS, PREVENTION, ADVICE

The diagnostic, preventive, and advisory service is the larger aspect of the college program in mental hygiene. The instructional work is but supplementary to it. Concerning the scope of this side of the program, opinions differ. If we assume that each student has or is likely to have problems, and that some students may actually be mentally ill or on the verge of becoming so, then we should have a rather comprehensive program.

Williams (37) says:

> There is not a student in the university, from the leading "honors" man to the boy who is flunking, to whom matters of mental hygiene are not matters of vital concern. It is of utmost importance, therefore, that as we begin to think of mental hygiene in relation to the college, we think of it in sufficiently broad terms to give it sufficiently broad scope. . . . From the very first, the work of the psychiatrist in the college should be a matter of *hygiene*, not a matter of the treatment of disease.

The author of the anonymous article mentioned (1) says that in his opinion the problem is one of arranging to detect the trends or predispositions towards mental ill health during college life in order that training may be undertaken which will offset or correct them.

Corson (7) in his very striking article on psychoses among college men states that "mental hygiene in college should concern itself with the problems which, whether formulated in the student's mind or not, represent situations that must be met or dissipated, or for which adequate compensation must be found." He also stresses the need for disinterested vocational advice by persons knowing something about both the vocation and the boy.

Morrison (24) advocates, in addition to the instruction in mental hygiene, the following: (a) a neuropsychiatrist connected with the health service; (b) the physical examination to include that made by this psychiatrist; (c) the encouragement of the students to seek advice and counsel from deans, medical advisers, psychiatrists, and others.

Thompson (34) discusses four functions of mental hygiene work, three of them being in connection with educational problems, and the fourth being to diagnose and advise upon cases of maladjustment or mental disturbance.

COMPREHENSIVE PROGRAM REQUIRED

It is quite readily apparent that to realize the aims implicit in the above statement would require that the program be quite comprehensive and that an adequate and thoroughly trained personnel be available. Williams (37) suggests that the program be broad enough to care for the needs of four groups of students:

1. The great majority of the student body. This group will probably receive from the course in mental hygiene, together with group conferences, sufficient knowledge of the fundamental principles to make their own adjustments and solve their own problems.

2. That smaller, and yet quite significant group having more serious and more perplexing problems, and needing the advice of a psychiatrist.

3. The students with still more complicated problems, which will not only

be perplexing to them, but which will also need careful thought and analysis by the psychiatrist, in the light of all available personal data, and which will require frequent conferences between student and psychiatrist.

These three groups are made up of acceptable students. In fact, the second two groups will be found to contain some of the brightest minds in the entire student population.

4. The group whose condition is not one merely of problems that can be solved through conferences and analysis, but which actually indicates mental ill health, such as the case mentioned above from Thompson. Some of these cases will need to be withdrawn from college for proper treatment. Expert advice should be available at the college or university for mental ill health, just as it is for physical ill health.

So far as the writer has been able to ascertain no college or university has as yet developed as comprehensive a program in mental hygiene as that here indicated. When in 1926 the National Council on Education issued the report by Dr. L. B. Hopkins on Personnel Procedure in Education, it was stated that, of the fourteen institutions studied, five were apparently offering adequate mental hygiene service, while four others were doing something in the matter. The standards by which the work was judged were not given.

The following institutions are apparently at the present time offering mental hygiene services varying in scope and kind: Minnesota, Wisconsin, Ohio State University, Washburn College (Topeka, Kansas), California, Colgate, Vassar, Smith, Dartmouth, Columbia, Pennsylvania, Oregon, Harvard, and Yale. At the last institution it is anticipated that such work will receive additional impetus with the development of the recently established Institute of Human Relations.

ADMINISTRATION OF MENTAL HYGIENE PROGRAM

There are three chief reasons for the present fragmentary nature of the efforts of colleges and universities in connection with mental hygiene service. First, the lack of a sufficient number of well trained psychiatrists, with the proper outlook and interests to handle the student work. Second, the lack of a clear conception on the part of both administrators and workers in the field as to proper administrative relations. That is, how and by whom the work should be administered and its relations to other phases or divisions of the student personnel and health programs. Third, the lack of a sufficiently complete understanding of and appreciation of the contribution which work in mental hygiene can make to the college situation.

As to the allocation of the mental hygiene service within the general administrative scheme of the college or university, it may at first seem that the ideal plan would be to have it separately organized or to have it connected with the health department or the medical school. In fact, suggestions to that effect are made by Kerns (16), Smith (32), and Morrison (24). On the other hand, it should be kept in mind that in some colleges and under some conditions, too close an alliance of mental hygiene work with the general student health department, or the establishment of a strong separate department of mental hygiene or of mental health, might lead to an undue emphasis on the idea of mental disease or of mental abnormality. This, in turn, would perhaps lead to reluctance on the part of instructors and others to refer cases to the service, and on the part of students to avail themselves freely of such service. Until both faculty members and students have

become better acquainted with the real functions of mental hygiene service, the tendency to look somewhat askance at it may continue to be a factor that needs careful consideration in planning and administering the work. Williams (37) makes the very cogent remark that

> generally speaking, it should be located in that department of the university where the work will be best understood. That department will be different in different universities. . . . Circumstances will determine where the work should be done in any given university.

Harrington (13) in cautioning against just this over-emphasis on the mental disease aspect of the program, says:

> The aim of the mental health officer should not be to build a large clinic to which a constant stream of morbidly introspective students will keep running in order to talk about themselves and receive mental treatment of one kind or another, but to bring about a state of affairs in the college in which there will be as few students as possible with mental ills to treat.

CLOSE COÖPERATION NECESSARY

To bring about this ideal state of affairs will require the close and intelligent coöperation of all members of the institution. We should quite frankly recognize that the appointment of one or more psychiatrists, the setting up of courses of instruction, the provision for individual and group conferences and analyses, the development of new tests designed to detect and classify emotional types and disturbances, valuable as each of these may be, will not necessarily guarantee an adequate and healthy emotional and mental life to all students in our colleges and universities. Many of the problems here can be prevented. To solve them there must be a sympathetic understanding of their importance on the part of administrators, faculty members, and student body.

The college environment itself must be made conducive to the development of healthful emotional and mental attitudes. That many aspects of the college environment are so at present is evident. However, it is unfortunately also true that other factors or aspects of college life actually render healthful mental and emotional development extremely difficult. As college officials we must come to a realization of the influence of college rules and regulations concerning student affairs and conduct; of the ill effects of attempting to suit all college courses to the "average student" level of ability; of the futility and positively harmful effects of placing in charge of teaching work, instructors with their own problems inadequately solved, or instructors having no interest in teaching nor in the students as individuals capable of personal growth and development; of the reaction on students of "four-flushing" on the part of faculty and administrative officers. Above all else, this will mean a sane and adequate personnel service. That students will welcome such service is amply indicated by their hearty responses to advisory service which has been offered on problems of mental hygiene, study, and so forth.

Just what will eventually be found to be the best working arrangement as to the relationship between the program in mental hygiene and the other personnel work of the college cannot at present be said. Nor is that necessarily of prime importance. The fundamental matter is that college administrators, personnel workers, and faculty members come to some realization of the importance of this work and the contribution which it can make towards developing at colleges and universities an educational situation which will be conducive to physical, intellectual, and emotional growth and development of

a high order. To insure an adequate program of mental hygiene, or of personnel work, will require the coördination of all the various elements and individuals within the college. What we need to have developed is the idea of the college community working together as a unit on these problems which are so important to the individual, to the college group, and to the larger group which we call society.

DEVELOPMENT OF PROGRAM

The very valuable work which Dr. Stevenson, of The National Committee for Mental Hygiene, is doing in helping neighborhoods and other communities to develop community programs in mental hygiene, suggests the introduction of a college program of mental hygiene embracing four levels. The writer has had the privilege of seeing in advance of publication a manuscript being prepared by Dr. Stevenson in which he suggests such a development in community work. Applying this idea to the college situation, we would have four groups of individuals, each group concerned with problems of mental hygiene, and each needing a knowledge of the subject; but, their functions being differentiated, their needs as to knowledge of the problems and the techniques of mental hygiene would differ in degree and in kind. It is realized that the analysis and the attempted differentiation here presented are but tentative, but it is hoped that they will serve to emphasize certain needs and inter-relationships which are important. Certainly such a program, if and when it can be put into effect, would go far towards developing a more helpful, because a more healthful, mental and educational environment within which both faculty and students would carry on their work. The outline follows.

A TENTATIVE SET-UP[6]

Individuals or Officers in Each Group	*Functions of Group and Individuals*	*Knowledge of Mental Hygiene Necessary*
I. Psychiatrists, psychologists, physicians, personnel officers (dean of men, dean of women, personnel director, vocational director, and so forth).	Direction of student personnel work. Analysis of difficult cases; personal and group conferences; instruction in mental hygiene (students and faculty); development of tests. Close coöperation with each other and with other groups.	More detailed than for other groups. General techniques and scientific attitude sufficient for personnel officers. Psychiatrists, psychologists, physicians, a more technical training plus college attitude.
II. General Administrative Officers: president, vice-presidents, deans, assistant deans, *et al.*	To assume a sympathetic attitude towards mental hygiene problems of themselves, their colleagues and the students. To refer problem cases to Group I.	General knowledge of problems and principles of mental hygiene and recognition of fact that scientific techniques have been developed for dealing with emotional states. Recognition of administrative importance of mental hygiene.

[6] It is not claimed that this proposed set-up represents an ideal organization nor an ideal program. It would at least, however, provide *a* program. The arrangement of individuals as within groups is not to be taken as any indication of the importance of the work or of the functions of such individuals.

III. General Faculty: student personnel assistants.	To understand, and to attempt to find satisfactory solutions for, their own problems and those of students. To refer problem cases to Group II and through them to Group I. To coöperate in college program of mental hygiene under direction of Groups I and II.	Similar to that for Group II. Recognition of importance of mental and emotional states in instructional work and in the learning process of students.
IV. General Student Body: student leaders of various types; graduate students; senior college students; junior college students.	To understand, and to attempt to find satisfactory solutions for, their problems of intellect and emotion. To aid their fellows in so far as possible. To coöperate in the college program as far as feasible.	General knowledge of the principles of mental hygiene and of their application in everyday life. Notm orbid introspection but constructive self-analysis.

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NOTE.—While the following list of references makes no pretense of being a complete bibliography of all articles which deal with various phases of mental hygiene problems in colleges, it is more comprehensive by far than any such bibliography which has so far appeared in print. Those articles are starred which it is felt would be of especial value to college administrators to orient their thinking in this field.

The numerous references to *Mental Hygiene* are evidence of the importance of this publication and the work of the organization whose official organ it is. College administrators and others interested in this new phase of college personnel work would do well to get into contact with The National Committee for Mental Hygiene, 370 Seventh Avenue, New York City.

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Causes of Mental Ill Health Among College Students

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THE sane and adequate relationship of the individual and his environment is a primary concern of those who would establish and maintain the health of the mind. Such an adjustment is, for the most part, a reconciliation of the predispositions, biologically determined or empirically established, with the inherent abilities and the varying situations to which the human organism is subjected. It is not our intention to attempt a new theory of mental hygiene, nor to evaluate any of those already extant, but it is our aim to select one environment and through an observation of the behavior of humans under its influence, to try to find the determinants of mental ill health therein. We have chosen the college field, not because its problems are typical of the life problems in the world at large, but because, on the contrary, they are peculiar to such an institution itself.

Donald Laird [1] says:

> Difficult mental adaptations, usually with a bad solution of the intrinsic mental difficulties, are of very common occurrence among college students. There is nothing *peculiar* to students or to colleges about this. Its significance lies in the fact that the college offers a splendid opportunity for the *study* of mental adaptations, both for better and for worse.

We heartily agree with the statement that mental maladjustments occur very often in colleges, but the writer cannot agree with Laird in saying that there is "nothing peculiar to students or colleges about this." It is our opinion that colleges, because of the very fact that they *are* colleges—institutions where men are engaged in systematic and intensive study and thought (however feeble the attempts at these very things seem to the college officials to be)—are bound to have more than the average number of cases of mental maladjustment. Figures with which to compare the number of "nervous breakdowns" and even suicides among young people of the college age, in college and in the world at large, would, we believe, point out an excess in that group within college walls in proportion to their respective numbers. This is, of course, mere speculation.

The Individual and His Environment

It is our aim to point out the distinguishing factors that might make the college a more fertile field for such maladies, and hence a more promising field for conscious effort in the matter of prevention. We then hope to point out the various causes of maladjustment and the possible methods of handling, and better still, methods of preventing such occurrences.

Mental hygiene is concerned both with the individual and the environment. The fact that both are variables necessitates that every so-called case be treated as an individual case. There are no panaceas for the mental

[1] "Case Studies in Mental Problems of Later Adolescence with Special Reference to the Mental Hygiene of the College Student," *Mental Hygiene*, Oct., 1923, p. 715.

hygienist and the sooner this is realized, the sooner will prevention by "individual" methods take place.

Let us first consider the individual who goes to college as contrasted with his less fortunate brothers and sisters who take up the burdens of life without higher academic training.

College men and women are, as a group, of higher intellect than those of the noncollege group. By this very fact their experience—"experience" used in the broad, general sense—is generally greater and it must follow that such minds are more susceptible to the larger, more far-reaching problems concerning life than are the youths of the world at large. It can be argued, of course, that the greater the intellect the easier it should be for the individual to solve such problems and hence to adjust himself.

Whether this be true or not, it must be admitted that the college group is more alert to controversial questions, more prone to contemplate the personal implications of these problems, and less prone to accept a superficial half truth or a religious tenet as a solution, than is the noncollege group. The difficulties of the student of high intellect will be treated later when dealing with his particular problems, but it would be well to state here that these difficulties arise not so much from the mere presence of intelligence as from the peculiar way in which such a student has been handled by the parents and by the school during youth.

The home background of the college student differs essentially from that of the noncollegian. The student has for the most part led a sheltered life—a "pupil existence." This is not a contradiction of the former statement concerning experience, but is merely an elaboration of the *kind* rather than the extent of this experience. Yet the unsophistication of the freshman in September is equalled only by the attempt at oversophistication the following year—an oversophistication which is, in large part, a defense mechanism. To say that the college group contains an overabundance of the "apron string type" would not be a bold statement.

College Environment

Yet it is the peculiar type of environment that surrounds the collegian that gives rise to mental troubles in excess of the number found elsewhere. Whether or not the individual variations in intelligence and home training are potent enough in themselves to cause us to regard colleges with an eye of expectation, surely the conditions under which the student works and plays justify our concern.

The college group are confronted with mental conflicts by the very fact that they are students. Intellectual problems are the meat and drink of the curricula, problems that strike and sway the most vital adjustments the college man or woman has yet made, and probably the only adjustments that have caused temporary, though stable, habits of thought. They are told in no uncertain terms that one of the greatest responsibilities of the college is to *make* them *think*, though a suggestion as to what they are to think about and in what *way* they are to do it, with the meager facts at their command, is never ventured by the mature minds who set the problems. This is probably a good state of affairs, a healthy intellectual tonus for the individual to assume, but is it hygienic?

Closely related to the above factor is the impersonal atmosphere of the college community. The college freshman is in no way able to cope in full with the herded freedom of the dormitories or with the "sink or swim" atmosphere he encounters. Whatever

personality has heretofore been the student's "line of reference" is absent, nor does he find another that will or can take its place. There must be a substitution for the emotional attachments to the mother, the church, the secondary school clubs, and even the "little girl back home." Such substitutions, found many times only after a period of floundering with its attendant unhappiness and disillusionment, are usually gross and bizarre.

A third factor of the college environment is its compactness and its insistence on conformity. Even in the petty details of dress and the part of the hair, the man who "belongs" does as does the group. (Save, of course, in those institutions where cynical "indifference" has become the sought-for label, a label which, in turn, designates an unhealthy situation at the other extreme, being itself a sort of group defense mechanism.) Yet the individual student in a conformist student body is frequently unable or unwilling to submit to such treatment and soon feels an inherent or supposed inferiority, with the result that he becomes even more individualistic, so that he may have grounds for such supposed or actual antagonism of the group.

A Case in Point

This state of affairs, we maintain, does not exist in such intensity in the noncollege group, and as stated above, it is productive of mental conflicts. The writer recalls a student of his own undergraduate days who came to college with definitely formed preparatory school ideas concerning the way in which to attract the attention of the student body; namely, by being as conversant with college life and its attitudes as possible, thereby ignoring whatever requirements might be imposed upon him by his fellows. The college in question sported a loose term "wet" which had its origin in a troughing exercise for unruly freshmen, but the removal of the institution still left the term with a wider, yet with as drastic, a connotation as before. This student earned such a label by refusing to wear a freshman cap, a mild heresy to be sure, but the label remained a part of this individual during his three years' stay at college. He soon became aware of the group antagonism and tried by extreme habits of drinking, gambling, and other curious twists in behavior to really earn the stigma or to live it down. He utterly failed and changed to another institution where he is at the present time doing graduate work. Such is the effect of college compactness and its insistence on conformity, the intensity of which varies, of course, with each institution.

The opportunity for normal relationship with the opposite sex is generally lacking in the average college and creates a problem all its own. The resulting tendency to bizarre escapades during the college session or during the vacation periods is mainly an overreaction to the isolation prevalent at such institutions. Homosexuality is often a direct result of such limited contacts, a tendency which, according to Blanton, is more prevalent in women's colleges than in those for men only.

The comparative freedom of the student, especially in the male colleges, is conductive to behavior involving mental conflicts. To make decisions for oneself for the first time in life is a difficult assignment for many men.

Such peculiarities in the individuals and in the environment stamp the college definitely as an important field for prevention and for research in mental hygiene. Furthermore, the college does, as says Laird, afford opportunities for this intensive study of mental hygiene problems, though the ways and

means for such endeavors are ill defined and meager at the present time.

The *specific* causative factors of problems such as those mentioned have as yet received but scant attention and it is our desire to select a tentative list of possible *origo mali* in the college environment from which a start may be made in treating the individual case on the one hand and in planting a general scheme of prevention through group instruction, on the other.

At the outset we must insist, as before, that the individualistic approach is the only feasible plan for the mental hygienist at the time of dealing with actual cases, and whatever attempts we make at pigeonholing definite types are not wedges for the possible entrance of panaceas of any kind. To generalize on isolated cases is dangerous, and equally dangerous it is to attempt to catalogue isolated cases in an ill-defined "type" list.

There seem to be five classes of individuals in college who, due to innate endowment or previous training, are more susceptible to mental difficulties than are their brothers, though the latter are never free from entanglements that arise mainly from the *environmental* factors.

The five classes we would consider are made up of individuals:

1. Of low intelligence
2. Of high intelligence, or with certain special academic attitudes or interests
3. Of inferior physical equipment
4. Who, due to their home training, seem less equipped than the average for making social contacts
5. Who are handicapped financially

The initial step of the college mental hygienist might be to see if the student was definitely of one of these types, and if so, a certain likeness of attitudes and trends will be seen to be present. As above, these individual differences will be treated before we go on to the other specific environmental factors that make for maladjustment, though in no way can the two be separated, except, perhaps, in such an attempt as this, in which we endeavor to determine specific causal elements.

"INFERIORITY COMPLEX"

Of late the concept "inferiority complex" has been grasped and bandied by the majority of people, laymen as well as psychologists. The person knowing little or no psychology uses this term with such familiarity and glibness that it has unfortunately become trite and colorless. Popular magazines urge against the oozing tentacles of the monster; dramas of no little note seize and portray the attitude of the afflicted and present-day novelists and memoir writers seldom overlook its potentialities in character delineation.

We believe that this in no way takes away the truth concerning personality trends of this type. The avidity with which the concept is used by the public may in itself be an indication of its prevalence in actual life. The complexity of modern life, with the American insistence on "arrival" and on public acclaim, is probably the cause of such attitudes; for in any social group, because of the acquired impulses of some individuals to lead, plus the inability of others to do other than follow, a more or less definitely organized oligarchy ensues. Yet the more compact the group in age and ability, the more the avenues for individual expression become confined to certain definite activities, making *desire* for recognition stronger while the chance for *achievement* on the part of the individual becomes less.

This, we maintain, is exactly what follows in the college group, and necessarily it makes more prevalent an attitude of inferiority, with its subsequent

antagonisms on the part of many individuals.

PREVIOUS LEADERSHIP

The college student, as was pointed out above, is generally a superior being intellectually and in social achievement, *when found in the home or the secondary school group.* Still more important in considering him later as a student is the fact that his superiority has been *recognized;* he has been acclaimed a leader in the classroom and in extracurricula activities.

As an example, a certain eastern college in admitting men to its freshman class, requires a principal's rating on the prospective candidate's qualities of leadership, and it is a known fact that over ninety per cent of those chosen are acclaimed leaders in their respective schools, the other ten per cent comprising, we should believe, the men in our high grade preparatory schools. Nor does this vitiate the grounds on which the men are chosen, for these men *are* leaders in the comparatively unselected high school group. Yet it is not difficult to see the mental problems that await these individuals in the college environment. They have not, to be sure, acquired an inflated opinion of themselves, for their superiority has been a natural and inevitable reality, and a somewhat constant state, from the grades upward. However, they do unconsciously feel that success awaits them among their fellows in college.

The freshman is thrown into the college group with all the attributes of the compact social order above mentioned. Nowhere else is the man "at the top" admired as he is in the college, and even the most minute profession, such as that of the stage manager of the players or of the substitute on the fencing team, receives an over-amount of recognition, though these latter positions are sought, many times, only after failure in attempts along other lines. The college student has succeeded *before,* present success means honor, hence the freshman begins to stir himself to action.

However, the majority of his colleagues, too, are on the alert, competition is keen, and while the open positions vary, they are scarce. It is our estimate that only twenty per cent of these men can get recognition, though probably ninety per cent strive for it. To paraphrase James, they want the football captaincy, a baseball berth, the soloist's position in the glee club, and a Phi Beta Kappa key for good measure, and *past* experience tells them that their desires will probably be gratified. In such a situation, a sense of inferiority soon arises, and the eccentricities and overreactions of many students may be traced to this very thing.

CONSIDERATION OF TYPES

We will now consider briefly the effect on the five types mentioned above.

1. In considering the student of "low intelligence" in college, we mean the man who is low in comparison with the select college group, although occasionally a man may arrive on the campus actually unfit for college work in view of his low intellectual endowment. Such an individual feels his inferiority in the classroom, and unless compensation ensues along other lines, compensation which will give him and his fellows an excuse for such low standing, he usually emerges from the institution (if emerge he does, at all) with a definite personality twist.

As an example, a student entered a large eastern university after a preparatory school course and intensive training in a tutoring school in a college town. His brother had formerly graduated from the university with honor, though psychological examina-

tion allowed but a dubious prognosis of the younger brother's college career. Honors were seemingly out of the question and even graduation was a matter of doubt.

During the first semester this student went on probation because of low marks and was on and off the probation lists as semester followed semester. He did not succeed on the football field nor on the track, and he became antagonistic to all that was a part of the university. Three wretched football seasons at the college gave him ample argument for his dislike of the so-called "system." He left the dormitory at the end of his sophomore year and lived by himself in an apartment, becoming more and more self-centered and moody. He could not succeed in the classroom competing with men who were obviously of higher intellect.

This student acquired an intense fear of becoming dependent in his old age because of the probable inability to succeed in competition in the world at large. The fact that his father was a well-to-do western banker had no effect on these recurrent moods. The sight of old men or women of meager circumstances was always a stimulus for such depressive states. He could not sleep, nor could he study for any length of time. He contemplated suicide and continually complained of using up his father's money for no good end.

A slight injury to the head during his freshman football days led this man to believe that he was going insane, and X-rays and medical advice did not dispel this fear. He read a great deal on the etiology of insanity and after perusing a recent volume on focal infection, came to the conclusion that here was his trouble, the probable cause of his fast approaching insanity. Against medical advice he had two slightly impacted molars removed and when colectomy seemed to him to be his only salvation, the doctors cried, "Halt!" and referred him to the university psychiatrist. At the present time, under treatment, he is steadily improving, has resumed his college work with some interest, and is allowed to do lathe work, a request that had previously been repeatedly refused him by the dean of the college.

TROUBLE CAUSED BY HUMILIATION

This case seems to indicate the possible troubles of the "low-grade" man in the college group, though the ramifications of the difficulties from such a simple beginning would considerably cloud the issue. The student himself has told the writer that after thinking over his troubles in the light of a sense of inferiority and consequent antagonism, the whole thing seemed to hinge about his inability to follow in his brother's footsteps in the classroom, or even to compete with his fellows therein, though his lack of success on the football field added to his ill feelings.

There is another point in the case cited that has its importance in college maladjustment; namely, the psychological tests given by many colleges at the beginning year. In this particular college, the intelligence tests were given and the marks obtained, and the relative standing of all the men were posted in the psychological laboratory where each might see his own standing and also the standing of his fellows. It happened that this man stood in the last tenth of his class of six hundred and fifty, and his humiliation at the publicity of this fact did not add to his fast waning faith in self, though he claimed that at the time of taking the tests he did not know "what it was all about." Furthermore, when reviewing the results of these tests, the college daily, in

no uncertain terms, told the fate of the men of the low intelligence quotient.

These practices seem unwarranted. If the test scores are to be posted so that a man may see his relative standing, it would be well to give each man a number beforehand on the test sheet, and post only the numbers in public. Comment on the outcome of certain scores should be left to the college officials in dealing with the individual men. In addition, the shortcomings of the present-day linguistic and academic tests of intelligence should at least be mentioned.

THE DEAN'S MISTAKE

A slightly humorous situation, though one carrying the possibilities of a tragic outcome, occurred in another college where prognosis of scholastic success was generally made on the basis of the intelligence test. The student in the case was a very conscientious man and above the average in his work except in freshman French. He had been the victim of wretched preparatory school teaching in this subject and at the mid-term of his first semester he was flunking, seemingly beyond restitution. He was called to the dean's office, where he stood in awe and terror while a clerically minded and somewhat misinformed dean called for the psychological scores of this man's class.

The dean soon found the individual's record and after a brief lecture on his responsibilities as a student, ended by saying: "Well, you may be able to get the French mark up to passing grade, but I doubt it; at any rate, your test shows you to be an average man, and an average man you probably *always* will be." The student has never forgotten this remark, though at the end of the second semester of his junior year he had the satisfaction of going to this dean and asking in jaunty fashion how many of his "average men" had received their Phi Beta Kappa keys, at the same time nonchalantly dangling his own on his finger tip.

Though this man is about to take a position on this same dean's faculty, the writer heard him claim, actually believing it, during the rough sieges of graduate study, that he probably *was* but an average man, as the tests showed and as the dean emphasized. No amount of talking about the factors which compensate for those qualities which the tests measure has seemed to dispel this unfortunate attitude.

Close attention and sound advice should be given to those men who are obviously of the lower reaches of intelligence if the college is to prevent personality twists and behavior problems, and dismissal from college because of this fact alone is a delicate procedure. The best method is, of course, to see that none gets in who is incapable of college work, but this is almost an impossibility.

THE HIGH-GRADE MAN

2. It is our opinion that the high-grade man in college is very susceptible to mental ill health. This is not alone due to the problems of the *high intelligence quotient* man in college, but is for the most part a result of early home life and previous training. The infant prodigy is, as is the only child, "a disease in itself"; at least infection is generally his lot.

Marion E. Kenworthy's contribution to *The Child, the Clinic and the Court*, an article entitled "The Emotional Problems Seen in the Superior Child," portrays the unfortunate emotional conditionings of this otherwise very fortunate group of individuals. She says:

> His choice of this means of gaining ego-satisfaction is determined, for the most part, by the opportunities for gaining a

definite sense of ego-satisfaction through *scholastic achievement*. . . . This tends to create for him an additional emotional bond, which serves to hamper his evolution and growth as an emotionally free and emancipated individual (p. 24). . . . It is not difficult to discern the results of the unhealthy emphasis placed by the parents on scholastic achievement (p. 27).

The intellectually superior child early becomes the center of attention in the adult family group and in the school environment. As a result, he grows intellectually to the neglect of the physical and social phases of life, and he very soon recognizes his inferiority in these regards. The vicious circle is completed when he attempts to protect himself from such stigmata, for, as Dr. Kenworthy says (p. 27), "he must needs withdraw more closely into the bosom of his appreciative family, for there he gains recognition and praise."

Such is the background of the superior college student. He usually arrives on the campus at an early age, through his ability to outstrip his fellows. He is young socially as well as physically. He cannot gain recognition through athletic prowess, nor does he become the object of long-sustained and fervent fraternity rushing.

Following the course taken in a like situation in the past, he turns to his old compensative instrument. Yet, unfortunately for our colleges and particularly for the specific type we are discussing, high-grade scholastic achievement has never met with the approval of the college group; at least, not until the time of graduation draws near.

Equally true it is that very little encouragement or personal interest is the lot of this type at the hands of the faculty members, an attitude which cannot, in the writer's estimation, be accounted for except on the grounds of sheer neglect and indifference. Of course, these men are the pride and the joy of the professor in the classroom, for they seem to give evidence by their work and interest of a high-class teaching ability on the part of the professor himself. To be sure, the student graduates *cum laude*, but also, as says Laird, "cum bitterness, cynicism, inadequacy, emotionalism, paranoidism, and shoddy idealism."

How Group Attitude Affects Student

A great deal of this attitude on the part of the student body finds its origin in the lack of success of most of the men along these lines, but an additional factor is seen in the make-up of the men obtaining honors. The man of high intellect, carrying the stigmata above outlined, is not an individual easy to approach. He is reserved and reticent. The writer had the opportunity as an undergraduate to found a fraternity that would include just this type of student, and from direct observation he has seen such men acquire those personality traits, the lack of which had before that time made them only semi-acceptable in a social sense.

When the scholastic achievement finds no sympathetic admiration or encounters overt envy, the college lives of these men are many times bitter experiences. It might well be said that they do not "go to college" at all, but that they study at their respective institutions. Knowledge becomes an end in itself, and more and more they turn inwards. It is this group, we believe, that become the chronic day dreamers and a group that carry from college antagonisms of many sorts. Their future efficiency is without doubt greatly impaired.

The above picture, it will be noticed, is a dark and gruesome one, painting a situation that seems to destroy our

expectations concerning college life as it is lived by the men who are the best of the student body, the men who, with few exceptions, are in the future to push back the frontiers of the unknown. To be sure, the percentage of such men is low, but equally low is the number of really mentally alert and intellectually minded individuals.

Again, it must not be supposed that every high-grade student becomes involved in such difficulties—probably only five per cent or one half of the men selected by the college officials as distinctly honors men.

Furthermore, the mental health of college men is not to be gained by the development of the mythical "all 'round man," the product of the golden mean. Such men have accomplished little throughout history. On the contrary, as it is not our problem to guard against the carrying of personal adaptabilities and interests to an extreme, so it *is* our aim to see that men in such endeavors should not entirely lose contact with reality or lose the ability to make adjustments in their work.

CAPABLE BUT INDIFFERENT

Closely allied with the problem of the man of high intelligence who *succeeds* in gaining high ranks is the problem of the man who, though intellectually capable, will not apply himself but remains content to "get by." There are many scientific loafers in college, and such loafing is indicative of individuals not thoroughly adjusted to the college environment. Sometimes it is due to the fact that they sense the futility of gaining academic prestige as an accomplishment to be recognized or even condoned by their fellows. Generally, however, it is due to the fact that things come too easily to them, the work required to satisfy the "Great God Get By" in no way equalling their innate abilities. They begin to take things easily. The pleasure-giving nonessentials of college life not only fill their leisure moments but gradually encroach on the time that should be put on studies, and in the end the hollow satisfaction that they *could* have done high-grade work in no way alleviates the sting of self-reproach at the sight of the success of their more studious, but actually less intelligent, fellows.

The college official has but little sympathy for such men, not understanding the mental attitude behind this behavior, and the professor is generally content to cast him among the so-called "gentleman class" of C average. Students must be warned against these pitfalls through instruction that will bring home to them the obvious laws of mental health, but better still, if the college would "individualize" at all, it must suit its instruction to the capabilities of these students, with an eye to the niche that the man should fill in after life.

SPECIALIZED ABILITY

Again, there is the problem of the high-grade man with special interests and abilities, the man who astounds the professor of mathematics while he becomes the problem of the French, history, and social ethics professors, and hence of the Administration Building as well. These men generally constitute the temperamentals of college; they hate and defy discipline, the régime of classes, and the well-administered cut systems. They are the victims of the lock-stepping mass education of the American college and university, which, in spite of whatever educational laws the psychologists have thus far unearthed, continue the attempt to shape the student to the university mould, rather than to adjust the college environment, particularly its curricula, to the individual student.

The colleges, save in the instances of certain medieval vestiges which continue to cramp their attempts at reform, are probably but answering the call of society as they think it ought to be answered; namely, to train leaders. Though it is not our rôle to construct a comprehensive philosophy of education, nor a *modus operandi* for the college, it would seem plausible that the study of the *student* as well as the study of society is necessary in any plan for curriculum construction that has the production of leaders as its ultimate aim. The late Professor Inglis of Harvard used to urge his students to "*learn* the child." The college professor, too, might well attempt to learn the student before he teaches him. This is especially true in dealing with this third type, the man of high intellect with deep seated, narrowly defined interests.

The following case is typical, both in origin and in result. The student in question graduated from a small high school at the age of fifteen, but failed to pass the college entrance examination except in English, in which he received ninety-three per cent. In the Army Alpha test, he outranked all the students and the faculty members in his high school.

After two years training in a preparatory school, this student passed the college entrance examinations and was admitted to college as a freshman without conditions. In the psychological examinations given at college, he stood ninth in a class of 622 men. During the first semester, he passed all his courses creditably, receiving an A in English, and would undoubtedly have received higher marks in the others if he had not spent practically all of his time in writing themes and reading English literature.

At the end of the second semester of his freshman year, this young man went on probation for overcutting classes, at the same time flunking a course in history. He still maintained his A average in English and many of his themes were published in the departmental periodical.

It was during the next semester that the writer had the chance to watch this man at work. His course included physics, Latin, sociology, and two English courses. He cared little for the first three, spending about one-half hour on an assignment in each of them. He spent weeks at a time without doing anything in these courses. On the other hand, he read and wrote continually, sitting up night after night till two or three in the morning, content to cut his morning courses in physics and sociology. However, he did not become a recluse; he was very sociable and was always ready for a good time. At the end of the semester, he had amassed enough over-cuts so that had he passed all his courses he would still have owed the college semester hours. He flunked physics and sociology, and consequently was asked to leave college. At the present time, he is driving a taxi in Boston, and is contributing stories to various magazines.

SPECIALIZED TRAINING NEEDED

It may be argued that the college had nothing to offer this man, yet this seems but a feeble justification for his dismissal. He had never received a grade lower than A in English. He needed training in his special field, and he was willing to work in that special field. Physics, sociology, and the Bachelors' degree meant nothing to him, but the college library, the college periodicals, and enthusiastic professors meant much. Understanding and encouragement were needed rather than discipline and dismissal.

This case is cited because it is typical of the attitudes assumed by many of

these high-grade men. Many of them are able to stay in college year after year, and after experiences somewhat akin to those outlined above, they *do* graduate. Such cases are not of administrative import only, but are of concern to the college psychiatrist as well. They entail the question of relative values, of mental attitudes, and of adjustment. Furthermore, they clearly indicate the necessity for wholehearted coöperation between the college mental hygienist and the administrative official.

PHYSICAL INFERIORITY

3. The student of inferior physical equipment is our third main classification of college men who seem to be particularly susceptible to mental ill health. In general, their troubles seem to arise as follows: These men have few avenues of expression. They obviously cannot compete on the athletic field, either in class or in university sports. Again, those of *marked* physical defects usually are not sought by the fraternities and clubs. Consequently, they generally make high scholastic achievement their aim, and should they not succeed in this regard, they are likely to be unhappy, for this failure emphasizes their inferiority in a second respect and frequently establishes the idea that they will be unsuccessful in after life. As they do not earn their way, they acquire a sense of present dependency and the fear of possible permanent inadequacy. Freakish methods of gaining recognition are sometimes resorted to.

The writer recalls a hunchbacked student who prided himself on his ability to sift his fellow students at poker every Saturday evening. He told me that he played to win; not to win the money, for his father had more than he (the student) would ever spend, but in his own words, he "just liked to match his wits against these fellows and win out." It is probably true that most Americans love to win at poker, but in this case the overemphasis on the joy of winning *per se* seems un-American enough to be symptomatic of an entirely different mental attitude.

It seems that the college should admit only such men of this group as unquestionably are of the highest intellect. This seems advisable from the point of view of the college as well as from that of the men themselves.

THE RETIRING ONES

4. Each year the colleges receive a group of students who might be classified as socially inferior; i.e., due to home training and environment, they have not acquired that facility of manner that makes for normal contact with one's fellows. These men come mostly from the small towns. They appear odd to the rest of the group and hence have few friends. Generally, they are the college toilers, earning most of their expenses through various odd jobs about town. If one watches the careers of these men throughout college, it will be seen that they gradually become introverted and reticent and antagonistic to the college, especially to college conformity.

The men from the "tall sticks," so called, are becoming fewer and fewer in our old colonial colleges of the East, because of the increased cost of an education therein and of the fact that the country districts are no longer held in their former isolation. Yet, there are a few in all colleges, particularly in state supported schools, and wherever found they constitute a problem. The rough edges do not smooth off, as it is sometimes supposed, and where they change at all, they usually become sharp and pointed rather than smooth.

FINANCIALLY HANDICAPPED

5. A fifth group that obviously have a hard time in college are the men who are working their way. The unhappiness resulting from a denial of the normal pleasures of youth is easy to locate and fairly easy to remedy. It generally is a problem of replacing a cynical attitude. However, "through college *on* nothing a year" usually means "through college *with* nothing a year" in the way of pleasurable participation in the outside activities that mean a great deal to the men in the American college.

These five groups then, the intellectually inferior, the intellectually superior, the physically inferior, the socially inferior, and the financially handicapped, we believe constitute in general the body in which most of the mental hygiene problems of college students are found.

It may seem that we have overstressed a sense of inferiority as a cause of much uneasiness in the college, but we feel that such is not the case. Dr. Milton Harrington, formerly the mental hygienist at Dartmouth College, though he has no particular love for the tenets of Dr. Alfred Alder, and even less for the Freudian School, says he has yet to find a mental hygiene case in Dartmouth College that does not exhibit such tendencies. We believe that the peculiar make-up of the college group as outlined above is the cause of the frequency in this particular personality trend, a trend that is not peculiar to Dartmouth College students alone. Frankwood E. Williams[2] says:

> There is probably no snare of greater importance to the student than that involved in the development of a feeling of inferiority for the injuries received here will likely remain with him for the rest of his life.

[2] "Mental Hygiene and the College Student," *Mental Hygiene*, April, 1921.

Again, it might be safe to assume that those men who have attended our high-grade preparatory schools, having met with some of the environmental difficulties that we are about to outline, are less prone to mental upsets in college. Little information is available on this point, however. During the coming year the Lake Placid Club School is to have a full time mental hygienist and we can probably hope for interesting and instructive reports from this quarter. A real enthusiast might even hope that before long a mental hygiene chart will follow the individual from the nursery school through the university—and the enthusiast of today usually becomes the conservative of tomorrow.

SPECIFIC ENVIRONMENTAL FACTORS

What, then, are the specific environmental factors that make for mental ill health among college students, and particularly among the five types treated above? These we will mention briefly, for Laird[3] has mentioned many of them, though he seems to have overlooked what we believe to be the most potent factor, namely, the content of the courses of instruction.

Laird maintains that the "drives" paramount to college students are love, gregariousness, and social esteem, the "love drive" according to him resolving itself into a particularly pernicious entity called a "date complex." Though such "drives" are probably as prevalent outside the college as in it, the resulting "complexes" seem to be, as Laird would probably deny, peculiar and especially interesting entities to study.

Primary among the conflicts are those arising from a desire on the part of the students to excel in athletics or in the other extracurricula activities, such as debating, the publications, and

[3] *Op. cit.*

the players. As Laird says, these "drives" are potent enough to form "extracurricula complexes."

The fraternity or "Greek letter complex" is potent enough to be considered separately. Whether unorganized and unregulated cliques and clubs would be better than the highly organized fraternities with their partially practical rushing methods is not for us to determine, but it seems plausible from a mental hygiene standpoint to insist either that there be enough fraternities on the campus for *all* men to gain a medium of social expression, or that there be no fraternities at all.

A system breeding "ins and outs" not only is undemocratic but it is also mentally unhealthful as regards the men in both groups. Complicated and ill-defined rushing rules many times make for round pegs in square holes, and the man that does not fit in this even more compact group within the college is a man to be pitied indeed. The case cited above, the student who would study English and nothing else, was a victim of just such a situation, and it added considerably to his difficulties. The problems of the man outside looking in are equalled only by those of the man inside who wishes he were out.

The problem of marks and "staying in" is an ever present one in the minds of the students, so poignant in fact that the man who tells you he is about to flunk out usually turns out to be an honors man.

Economic Problems

The economic problems of the students are legion.

The man earning his way generally is the victim of irregular habits in eating and of an insufficient amount of food. He has less time for study, hence his scholastic average suffers, nor does he have enough money to participate in the various social outbursts of his more fortunate classmates.

The men who do not work usually have, at some time in their college career, as in the case cited above, an intense feeling of dependency, a sense of taking something for nothing.

A fifth group of factors may be included under the necessity for making decisions unaided, for the first time, concerning moral and sexual matters.

(a) The "girl at home" versus the "co-ed" problem is typical of such disturbances.

(b) Homosexuality and masturbation are causative or symptomatic of mental ill health in a large number of the hygienist's cases.

(c) The questions of drinking and of gambling must be settled one way or the other.

(d) The problems of cribbing and of the breaking of petty college regulations confront the student, and the American college student is usually eager to "get away with" as much as he can. Laird cites the story, typical of this attitude, of the youth who on finding out that he was not allowed to smoke in the quadrangle, exclaimed: "Well, I suppose it will make me beastly sick but such a thing as that can't be passed by, you know!"

Vocational Choices

The question of what they are going to do in after life is always an annoying one in the lives of college men and women, and it becomes increasingly so as graduation draws nigh. The desire for money and esteem, sometimes conflicting with men's attitudes and interests, makes the choice of a vocation, next to the solution of the problems of religion and women (or men, depending on the personnel of the undergraduate body), the most harangued topic among these "leaders of tomorrow."

Fortunate is that student who has

decided on his life program before entering college, but doubly fortunate and equally as rare is the student who does not change his ultimate aim as year follows year, or even as course follows course. Feelings of inadequacy and unhappiness are many times the result of such dilemmas and only wise counsel can straighten out these men of little, no, or vacillating conscious life purpose.

Women students are especially prone to such impasses, due to the conflict of marriage versus a career, a conflict that emancipation has made more potent. The college women, to be sure, are in an unenviable position, at least it would seem so in the eyes of those who can never hope for economic security through socially acceptable methods, and sound advice should be given them through a college vocational counselor. In commenting on this subject to a dean of women in a nearby college, the dean replied, with the shrewd insight that only such deans possess:

> What you maintain is true, yet it must be a powerful individual who in conference would intimate either that a girl was incapable of following a career, or, worse still, was unlikely to get married.

The dean also emphasized that such an individual had better be a woman than a man.

The roommate problem is one sometimes defying satisfactory solution. I am informed by a woman faculty member of a large eastern college for women that this problem is more pressing in the women's colleges than it is in those for men. Whether this be true or not, the various combinations concocted by the college office often lead to incompatibility which has dire results. Radcliffe College has split the Gordian knot through a system of single rooms, a policy that may possibly be the best solution for these intramural controversies.

A roommate may be an actual aid to adjustment and happiness, though on the other hand he may be a hindrance to these things. The writer recalls the case of a student sent to the psychopathic hospital who might have become adjusted had his roommate been the least bit social. The changing of roommates should be allowed by the colleges at the end of each semester if reasons can be given why such action is warranted. This policy will certainly be conducive to mental health.

CONTENT OF COURSES

There is one factor in the mental health of a college student that has been stressed very little by the writers on mental hygiene, and if mentioned at all, it is dealt with only in a general way. We refer to the mental attitudes resulting from the content of the various college courses, or from the method by which such content is placed before the student.

This is due probably first, to the lack of definiteness that is supposed to clothe such attitudes in the minds of the students, making them ill-defined and somewhat hidden from view; second, to the belief that maladjustments arising from intellectual problems are by no means universal among students, being present only in a few of the more "sensitive" men; third, to the belief that conflicts of this sort are temporary affairs, hurdles that will, and even must, be gotten over as soon as the man becomes liberally educated; fourth, probably to the feeling of the men in the field that from the standpoint of expediency and of academic good standing, the less the criticism of a colleague and of his course, the better it will be for the mental hygienist and for his youthful science.

However, this phase of college mental hygiene is a fertile field for investigation, a field that must be approached

with an eye to discovering universal mental attitudes and specific mental sets, good and bad, among students, attitudes and conflicts that are the bases of the primary steps toward the prevention of mental ill health. It is our object to show the power for good or for evil in a few of the college courses, and briefly to outline the so-called personality deviations that have their roots in the course content, and lastly we hope to suggest possible methods of prevention.

A study of this sort can be made only at close range, by a man who is able to follow a large number of men throughout their college careers. Yet, the various instructors would be able to furnish valuable material in this regard if they were, as we should advise, given a brief course in mental hygiene that would enable them to spot incipient cases. For courses *do* have a definite bearing on the mental adjustment of the college student. At the outset, the writer would emphasize the fact that he has no axe to grind, no particular department to criticize, nor did he as an undergraduate, flunk any of the courses about to be discussed; but he has, as have practically all college students, been the victim of poignant mental problems arising therefrom.

COURSES UNDER DISCUSSION

The courses under discussion may be grouped, in a general sense, under the headings of exact sciences, philosophy, and social sciences, and we will treat them in this order.

Freshmen enter college with various backgrounds, yet all have fairly definite philosophies of life. To be sure, these have been thrust upon them in the form of religion, but in the words of the well-known advertisement, "They *do* satisfy." The student has had the universe solved *for* him, and it generally revolves about a personal deity. Whatever may be said concerning the demerits of religion from the point of view of laboratory pros and cons, a *sane* religious belief is the most potent factor of present-day civilization conducive to mental health. A religion is a "line of reference," an integrative tool, and from a *mental hygienist's* point of view, it is the most scientific device for the guidance of the individual in our present-day, complex social order. We are not holding a brief for religion, but we shall soon consider the conflicts arising when such a foundation is taken away.

The student's religion generally entails a faith in man (himself) as the center of the universe, a belief in the freedom of the will, and the hope of personal immortality. To cast unassailable scientific data against such mental sets and to hope that the student himself, with his meager experience, will easily and immediately remake a workable and satisfying philosophy of life is the policy of many of our colleges at the present time. The student is in no way able to distinguish and evaluate theory and fact. Furthermore, there is a difference between making men think and giving them the experience with which to do this very thing.

THE CONCEPT OF EVOLUTION

The nineteenth century gave to posterity the concept of evolution, entailing as it does a concept of change and ever-becomingness through the ceaseless workings of scientific laws. Also, the evolutionary viewpoint has not been confined to the exact sciences but has been seized by the other academic fields as well. The Bunsen burner has become, for the intelligensia at least, the lamp of life. We agree that this is a happy state of affairs, it is scientific to the *n*th degree, and it has materially aided man in conquering his environment.

Yet what *we* are concerned with is the effect that such a viewpoint has on the mental processes of the individual student coming to college with the background above outlined.

The student's concept has been a static one with a definite beginning and goal. Evolution and the other exact sciences that are given in many colleges during the freshman year emphasize the gradual and inevitable change that is taking place in every corner. Nothing is fixed, and man is but the outcome of a long, arduous, natural phenomenon. To be sure, the story of evolution is as beautiful and as inspiring as many of our religious treatments of the genesis of man, but the men teaching this course rarely have the time or the ability to emphasize the deeper philosophical and religious significance of the subject. Only a half-hearted reconciliation of religion and science is attempted. The facts of evolution are poured forth, the student passes or flunks his examination, and the instructor's job is ended. The latter believes that he has given the students the evolutionary, and hence the scientific, outlook on life, and especially is he to be praised, for he has made them think. To be sure, they think; but just what are they thinking?

THE STUDENT'S REACTIONS

The first reaction is one of disillusionment, with its consequent self-depreciation at the thought of being so gullible in the past, accompanied by an intense dislike of those people and institutions that have led him along blindfolded for twenty years. To tell, or to intimate to, the youth of twenty that there is no Santa Claus in the universe is as delicate a procedure as telling a child of seven that the Santa Claus of Christmas time is but a myth, and the effects of the former are even more drastic and far-reaching in their application to all the problems of life.

The second reaction is generally an intense feeling of worthlessness, a feeling that man is but an animal slightly higher than the beasts of the field.

The great difficulty lies in the fact that the students have not the experience or the knowledge to qualify or even to justify actual existence itself. If mental hygiene is interested in adjustment (and it is our opinion that it is interested in this very thing) it might well be concerned with these mental attitudes. For, in truth, the student at this particular point in his career loses a sane relationship to this complex universe in which he finds himself. He is temporarily maladjusted and disoriented in respect to the fundamentals of life.

The cynicism and sophomoritis of second-year men has been a well-known fact through the centuries. Does one suppose that such an attitude is the result of maturity, of academic promotion, or of the presence of classmen lower than themselves? Superficially, this seems to be the case, but in the writer's estimation it has a more fundamental significance; it is an attitude which by its very universality points to a likeness in the thinking processes of these men respecting *life* itself.

NO SURE BASIS OF THOUGHT

The second-year student has no philosophy of life; he cannot be sure of anything. As a student said to the writer last week—a student who, in three semesters at college has yet to receive a grade below A—"If there was but one thing that I could feel to be *true* I should cling to it forever and I should be happy. There seems to be nothing that the scientists have left us." This student was receiving treatment at the hands of the college psychi-

atrist for this instability that he himself had noticed. He came to the psychiatrist of his own accord, for he found himself unable to reconstruct a "line of reference."

Furthermore, he was holding the thesis that the man of high-grade intellect was more susceptible to such mental upheavals than those men less intelligent. He had worked out this theory on the facts of evolution as he saw them; i.e., that inasmuch as the highly specialized animals in the past (in respect to horns, armor, and so forth) had perished, so it was likely that those animals who were endowed by nature with a larger, more plastic cerebral cortex would likewise be more susceptible to deterioration and extinction. It was a somewhat plausible theory, to be sure, yet it was working havoc with this boy because of its personal implications.

Due to his inability to make decisions, this student was worried as to just what went into his thinking processes; in other words his problem was, how could he get back to a standard from which to operate, a basis which he himself would not continually doubt? The college psychiatrist is still at work on this case, and at the same time is convincing the youth that he should go into mental hygiene work.

The stage after the so-called "intellectual renaissance" of college men is usually followed by a stage of inferiority. Sophomoric cynicism and the attempt at superiority are but a glaze to cover the knife thrusts of a despairing sense of inferiority and worthlessness. The "hard-boiled" outlook is a clever compensation for the really docile and humiliated feelings underneath.

When this is complicated and enhanced by the sense of inferiority acquired through the inability to gain recognition among one's fellows, the situation generally becomes acute. Curiously enough, it seems to be true that men at this stage, though having lost faith in their own goodness, are content to regard women as intrinsically good. Men appear vile, whereas women remain on a pedestal. It is the belief of the writer that this observation can be verified by anyone who will question these men closely on this point. It is the last shred of idealism that they refuse to give up; in fact, they over-idealize women.

Mental Gropings

I would cite the case of a student who changed his religious affiliations twice in one year, in his attempt to find some institution that would satisfy his spiritual needs. This student, a Congregationalist, swung to Roman Catholicism, and then seemed to hit the halfway course when he became an Episcopalian. Such occurrences are probably rare, but they exemplify in behavior what is going on in the mental processes of some students after their first immersion in the exact sciences as they are taught in our colleges.

It seems that such individual cases become acute when the student believes that such conflicts and mental gropings are *peculiar to themselves* alone. It was true in the case cited above of the youth now receiving treatment, and the writer at the present time is trying to advise a student who is fully convinced of this very thing. This student, attending a high-grade women's college in the vicinity of Boston, cannot sense the fact that her colleagues are going through the same difficulties as herself. She feels rather strongly that college life is too strenuous for her delicate nervous system and thinks that she will eventually go insane if she continues her academic training.

This girl's case is complicated by the

fact that she is a communicant of a church that holds that reality does not exist, making explanations of this same "nonexistent" an arduous task. Nevertheless, she was taken to a psychiatrist in New York City who found nothing the matter with her physically, and who gave her sound advice as to her present attitude. After three weeks at home, she returned to college and her depressed moods and lack of concentration are gradually becoming less frequent.

Such attitudes can be and should be prevented through an introductory course in mental hygiene or by a careful method of presentation of scientific data and a clarification of the problems that are known to ensue therefrom. It will be the rôle of the college mental hygienist to determine just what constitutes the major conflicts arising in the minds of the students from courses in evolution and the other biological sciences.

The main thing at present is for the faculties to realize that such problems *do* arise, and when sufficient evidence can be brought forth to show the extent, the kind, and the intensity of such conflicts, the men in the various departments will without doubt be glad to coöperate with the mental hygienist in their prevention, or at least in the detection of severe mental upheaval.

OTHER COURSES MENTALLY DISTURBING

Courses in philosophy, too, are productive of such disturbances, though we cite the work in this department because it has a valuable part to play in the reconstruction of life plans. Yet philosophy, especially the history of philosophy, frequently leaves the student in a worse mental condition than before. The building up and subsequent breaking down of various philosophical systems tends to discourage the student who already is fed beyond satisfaction with the instability of things.

Again, the instructor in his zeal for his own system often attempts to vaccinate the students with his own serum, a toxin that in no way will satisfy all the students of his class.

We would urge a personal interest in the individual student on the part of the philosophy instructor, for by the very nature of his subject, he is in a much better position than any of his colleagues to find those men who are incipient cases of mental disorder.

The social sciences, too, contribute to the student's disorientation. Sociology, with its condemnation of the social order (a social order whose ills have never before been brought to the attention of the college student) and its emphasis on the "man-madeness" of society, creates unlimited problems of varying intensity.

Psychology, especially, may be guilty of the same crime, especially that portion of psychology dealing with mental disorders. Mental hygiene, as well as abnormal psychology, must be taught with an eye to the prevention and not the instigation of mental ills. As an example, an undergraduate recently came to Dr. Prescott at Rutgers University and asked to sit in on one of his classes. This student had taken the course the year before. After class, the student said to Dr. Prescott:

> Do you suppose those students are asking such questions merely because they want the information concerning these problems? Not at all. What they want is some justification or affirmation of their own mental processes, good or bad, that are taking place in their lives at the present day.

This we believe is a challenge to teachers of psychology. The instructor must be sure of his audience when

he tells them that there is but a narrow, shadowy line separating the normal from the abnormal.

Recently, a doctor after giving a student of psychopathology a sound lecture on the desirability of getting his own house in order before attempting to clean those of his fellowmen, ended by saying: "But do you know, when I was a medical student studying anatomy, I used to go to bed nights believing I was the victim of most everything, from an infected colon to a leaking heart."

EVIDENCE GAINED FROM MANY SOURCES

The above is an attempt to discern the mental conflicts that may arise from the content of the various courses in college. It is not a product of introspection on the part of the writer, but it contains the evidence gained from students, from mental hygienists, and also from objective observations of the few cases it has been his good fortune to observe. The list is in no way complete; in fact, we believe it to be but a feeble beginning, but we feel that it points out at least one avenue of approach to the mental hygiene of the college student. Such work must be done fully, in respect to all our college courses, if mental hygiene is to fulfill its mission.

Many cases have their origin in the early home and school training of the student. This would show the need for some sort of mental hygiene program that would follow the child from the nursery upwards, in order that the work of what should be a continuous and dovetailing study be not cut up into noncoöperating segments. However, many of the problem cases begin within the college, and the research student in college mental hygiene, we believe, will do well to make a systematic and comprehensive study of the curricula as containing etiological factors conducive to mental maladjustment, possibly in the manner above attempted.

These environmental factors are likely to create acute problems in the minds of the college students, especially in the cases of the five distinct groups previously outlined. There are men and women, of course, who go through college without encountering difficulties, being mainly of that group that Jung would classify as the "objective extroverts." Students prone to introspection generally constitute the real problems.

CLASSIFICATION OF MENTAL ATTITUDES

What, then, are the most current personality trends resulting from college maladjustment? Many of them have been mentioned above, but by way of summary, we might class the outstanding undeniable attitudes as follows:

1. A deep sense of inferiority.
2. Extremes of states; i.e., periods of excessive buoyancy and of excessive dejection and depression following each other at varying intervals.
3. A facility of rationalization.
4. Cynicism.
5. Antagonism to all idealism.
6. Introversion and brooding.
7. A tendency to daydreaming and temporary detachments from the harsh realities of life.
8. Exaggerated specialities and overreactions for the sake of compensation, such as drinking, gambling, affairs with women, and so forth. The eccentric "feminine" types and radical wings of religious, social, and collegiate movements often draw their personnel from these people who would gain compensatory notoriety.

As will be seen in this classification, no mention has been made of the more severe mental maladies.

These attitudes may roughly be grouped according to the various college classes. The bewilderment and disillusionment of the freshmen year is followed by the sophomoric inferiority stage above outlined. In general, the junior is a day-dreamer, his chance for recognition having gone by. Furthermore, he can see but two years of "grinding" ahead, and at this time the idea of spending the family money is generally most poignant. The senior has, of course, become temporarily adjusted; he is both happy and afraid. Graduation means happiness, but a few have as yet no definite life plans and their outlook is none too bright.

THE REMEDY

If college students are prone to such emotional disturbances, and we believe they are, what can and should be done about it? Some may argue that such attitudes are the exception and not the rule but we feel this to be an overoptimistic attitude based on the lack of definite knowledge of the lives of college men and women. Smiley Blanton says:[4] "We found that about twenty per cent of college students had emotional difficulties of so serious a nature as to handicap them in their life work."

This makes mental ill health as prevalent, if not more prevalent than physical disease among college students, though the various colleges have erected athletic plants and condoned athletic activities to the extent that even the officials are wondering if "the tail has not begun to wag the dog." It is not our intention to turn our colleges into psychopathic hospitals, any more than the extensive medical and athletic departments have made them infirmaries.

If physical health has become the concern of the colleges, surely by the very nature of the institutions, mental health is equally important. It is a function of the college to see that its students are mentally fit in every sense of the word. As Adolph Meyer so aptly said:[5]

> The highest aim of education will always lie in the proper encouragement and training of certain *emotional assets*, the interests, leanings, and curiosities, ambitions, likes, and dislikes, as well as of purely intellectual assets as knowledge . . . by one who has himself or herself a reasonable mastery of life and of its mainsprings and forces, and the ability to forge crude emotional material into power.

At the present time this is not one of the aims of the colleges except in the few instances above mentioned. For as F. E. Williams says:[6]

> There is not one but bears his psychic scars of this period. There is not one of us but would like to see his problems more clearly, to be more efficient, more forceful; to make his work more sharp-cut and direct; to keep to his plan with less distraction. . . .

The prevention and minimizing of cases then is our aim, rather than the mere care and cure of mental breakdowns. Blanton advocates the following plan:[7]

> We feel, therefore, that a mental hygiene clinic should be an integral part of each college or university. Such a clinic should care not only for those students who are about to have mental breakdowns, but it should care for the mental health of all the students. A course in mental hygiene should be given in the college, we believe, and the students who show difficulties which may be discovered through their life histories should be given special advice and counsel.

Dr. Harrington has informed the writer that after one year of work with

[4] *The Child, the Clinic and the Court*, pp. 100–01.

[5] *Suggestions of Modern Science Concerning Education*, p. 148.

[6] *Op. cit.*

[7] *Op. cit.*

cases alone, and a year of giving instruction in an elective course open to sophomores, to juniors and to seniors, he is convinced that class instruction is not only the best method of approach to the problem but that it is the only method which will in any way bring about the desired results, and that the earlier in the college life of the student the instruction is given, the better able will he be to overcome the various upsets to which he may be susceptible.

PROCEDURE RECOMMENDED

For an undergraduate body of two thousand or thereabouts, we would advocate the following procedure:

1. A one-semester compulsory course in mental hygiene for all freshmen, the course to consist of one full lecture a week and a recitation in groups. One half of the freshman class would take this the first semester, the other half taking it the second semester. The instruction should consist of the simple laws of mental health, the laws of learning, desirable methods of study, and a discussion of the various pitfalls to be avoided. There is already enough material on this subject in the form of pamphlets and reports to be mimeographed, grouped, and bound into a "Source Book in the Mental Hygiene of the College Student." A life history in the light of the instruction received should become the required term paper of the student for the course.

2. At the outset, I believe the faculty members should meet one evening a week for a semester, at which meeting the college psychiatrist could give them an insight into the nature and scope of mental hygiene in the colleges, and especially should they be given the information that would enable them to spot incipient cases of maladjustment that might come to their classrooms. It is impossible for the psychiatrist to find all such disturbances, and the coöperation of the faculty is needed. Furthermore, the faculty members themselves might benefit from an elementary knowledge of this subject, and I see no reason why they should object strenuously to attending such a "course."

3. A mental hygiene clinic must, as says Blanton, "become an integral part" of the college, a clinic to which men may come with their difficulties, and it is the observation of the men already in the field that college students do come readily, once they sense the real significance of mental hygiene work. Our course would give just this desired information, and would break down whatever antipathies the student might have had in respect to things described as "mental conflicts," and so forth.

To carry out such a program in a college of this size would necessitate a mental hygiene department. We see no reason why the work should not be carried on in a separate department, nor do we sense the truth of the supposed antagonism to the words "mental hygiene." Of course there must be close coöperation with the physical hygiene department, possibly with the psychology and personnel departments, yet mental hygiene does not sufficiently coincide with any of these branches to be included among the subjects handled therein.

At the head of the department would be a psychiatrist, a man with a medical degree and with special training and work in psychopathology. In a college of two thousand, to adequately handle the five or six hundred freshmen, the psychiatrist would need at least five assistants, or "mental hygienists." These men would probably have to be drawn from the psychological field, and would need training in abnormal psychology, or better still, in psycho-

pathology. Furthermore these men would have to become familiar with the material already compiled in the field of mental hygiene. In time, we can hope for men who have specialized in mental hygiene to enter this phase of the work.

PROBLEMS FACING THE MENTAL HYGIENIST

In conclusion, it would be well to glance at the problem immediately facing the mental hygienist who would aid college students to a healthier and happier life, both in college and in after life. The field is young and its problems are legion. Textbooks and source-books must be written and compiled. Before this can be accomplished, research must be made to find the actual causes, the forms, and the significance of mental ill health among college students. The men in the field, Dr. Harrington especially, deplore the groping for an adequate organization of such courses, attendant upon the meager specific information now extant. Generalities are of little use in instruction, for they do not vitally touch the experience of the men in the classroom. In the main body of this paper, we have attempted to point out possible methods of approach in this problem, though it can at best be only a beginning. Only after long continued scientific research will the facts be available, and only when these facts are available will the colleges undertake the necessary steps toward the prevention of mental ill health within the student body.

The Contribution of Psychiatry to Some Educational Problems

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IN presenting the topic of the contribution of psychiatry to some educational problems, it may be well to point out that the principles of education have been utilized extensively in psychiatric procedure. Educational methods have been employed especially in the treatment of the neuroses and the insanities, and courses are offered at some universities upon the educational aspect of the rehabilitation of the mentally abnormal.

Psychiatry deals with the problems of the individual's adjustment to his environment; that is, with personality problems. Broadly speaking, most maladjustments can be referred to personality difficulties. Exceptions to this statement are numerous, however. Among them the following may be mentioned: defects of intelligence, vocational maladjustments due to the individual's lack of capacity, problems of school failure due to lack of ability or achievement, maladjustments caused by physical defects, and so on.

The field of psychiatry, as defined above, may at first glance appear to be too inclusive, but a brief account of its development will justify the attitude taken. At one stage in this development, the insanities absorbed all the attention of workers in this field. The influence of such eminent neurologists as Charcot, Breuer, and others did not divert psychiatrists from the almost exclusive study of the frankly abnormal until the beginning of the twentieth century.

One of the important reasons for the rather circumscribed interests of psychiatrists up to the last fifteen or twenty years was that the insanities were considered as manifestations of some disease process, and consequently a great deal of effort was made to discover the organic pathology responsible for each type of insanity. At the time Kraepelin's classification of the insanities was made, most workers had no doubt that each insanity type resulted from some particular brain pathology. Another factor that led to the exclusive absorption of psychiatrists in the problem of the insanities was the widespread notion that all abnormal mental symptoms occur in circumscribed syndromes, and that each group of symptoms can be classified into one or another distinct insanity, so that most psychiatrists spent their time in the attempt to classify groups of symptoms into distinct insanity types.

Change in Theory

The development of psychiatric research and the experience of many psychiatrists have resulted in a change of attitude and the following increasingly recognized conclusions: First, the insanities, with few exceptions, are not of organic origin; second, mental disorders cannot be classified into distinct groups or types on the basis of the symptomatology; third, the insanities are but problems of maladjustment and differ from other maladjustment problems only in severity.

This change in the attitude of psychiatrists was fostered to a great extent by the work of Freud and his colleagues, who stimulated the interest of investigators in the direction of a study

of personality problems which may be far removed from the insanities. At present there are still a few psychiatrists who cling to the theory of the organic origin of all the insanities, and who attempt to explain mental abnormalities on the basis of physical defects.

The educational problems in which psychiatry is interested and to which it has attempted to contribute methods of study are those that involve the development of personality. Personality may be defined as the social behavior of an individual. When the wide sphere of social behavior is considered, it is seen that this term includes most of the adjustments that the individual must make. The psychiatrist is not primarily interested in the problem of the educational achievement of an individual, but he is concerned in the problem of the development of attitudes and interests that may be detrimental to the individual's educational achievement and emotional and social stability, not only from the standpoint of his immediate environment, but also from that of his future behavior. It must be emphasized again that behavior problems, or cases of frank mental abnormalities, are not the only interests of the psychiatrist, but that in addition he is interested in the so-called normal individual who has difficulty in coping with his environmental situation. The latter problems have been variously subclassified under mental hygiene, orthopsychiatry, and so on.

Several problems will be considered here. The most serious, although not the most frequent, problem encountered among upper grade and high school children is that of the personality disorder classified as a psychosis. One of the criteria for the diagnosis of a psychotic state is the presence of hallucinations in addition to some emotional disturbance. The theory based upon the observation of cases during the development of a psychosis [1] and upon the experimental induction of hallucinatory experiences, is that the emotional disturbance and the hallucinations are the direct result of the particular methods that the individual has adopted in his attempt to solve his difficulties. The school situation often presents a serious problem which the individual is unable to solve, and the resulting maladjustment may take the form of a personality disorder that may be classified as a psychosis.

Attempt to Solve School Problem

The following case illustrates the unusual method that an individual may adopt in attempting to solve his school problems. The case is that of a boy fourteen years of age who was referred for examination by a superintendent of schools because of his fighting upon the least provocation and his frequent outbursts of anger. These emotional outbreaks had been observed for a period of about eighteen months prior to the examination. The physical examination revealed no organic defects, and showed the boy to be well developed for his age. By the Stanford-Binet intelligence test, he was found to have an intelligence quotient of 78. He was in the seventh grade, and his school work was poor. Achievement tests showed him to have the ability for fifth grade work. The boy realized that he was not advancing in school as rapidly as he should. He had observed that some of his playmates had already graduated from the grades and were attending high school. He stated that he was worried about this, and often lay awake at night try-

[1] Sherman, M., M.D., and Beverly, B. I., M.D., "Hallucinations in Children," *Journal of Abnormal Psychology and Social Psychology*, 19: 165–70, July, 1924.

ing to think of some way to pass through the grades more rapidly. Furthermore, his teachers often scolded him for his backwardness and pointed out to him that other, younger children were more advanced than he. He was required to remain after school hours to work on mathematics, in which he was especially poor.

The boy complained of "nervousness" and of something moving in his head. When his head felt "funny," he had to get into a fight, and after fighting he felt all right again. He stated that he had to argue with himself about being good or being bad, and whether he should or should not fight. One part of his mind seemed to say, "Be good," and another part, "Be bad." Later, he saw a person on each side of him, one saying, "Be good," and the other, "Be bad." There was at first a marked emotional reaction to these hallucinations, so that he did not know what to do, but later he paid less attention to them. At first he thought that the hallucinations were imaginative, but in a few months they became real to him and took on more definite characteristics. The figures seen were described as being dressed, one in white and the other in black. One had long hair and a funny face, and the other was like any person. One was the Devil and the other was God. The boy was positive of the reality of these final images as true perceptions, and was markedly influenced by the orders he received from these hallucinatory individuals.

The boy's difficulties in coping with his studies, his dismay at seeing his schoolmates advance more rapidly than he, his personal ambitions which he could not realize, the development of an attitude of inferiority, and so on, were important factors in the ensuing maladjustment, which was accompanied by the emotional disturbance and the hallucinations. The conflicts induced by the difficulties in the school situation were so serious that they caused him to develop the particular methods he employed in order to combat the situation. He used the "spells" of fighting as a means of overcoming the obvious superiority of other boys by defeating them in physical combat. The fear of failing in school and of being relegated to a position of unimportance had changed to anger, which was expressed by anger outbursts and fighting. This change from a fear response to one of anger is a matter of common observation in the behavior of many normal individuals. The hallucinations were finally developed because the boy found it necessary to explain his behavior and to justify his fighting. He was, of course, not aware of the method of development of these hallucinations.

In this case the following factors contributed by the school situation are directly concerned in the psychiatric evaluation of the problem. First, the boy was constantly forced to compete with pupils who were distinctly superior to him in ability. At first, he tended to blame the other pupils and the school for his retardation, but he finally realized that it was he and not the others who were to blame. Second the insistent attitude of the teachers that he study harder and increase his efforts, when, as a matter of fact, he was working to the limits of his capacity, forced the boy to the necessity of evolving some explanation for his failures. The difference in the ideals of the school and of the home was also a contributing factor, because it tended to confuse the boy. The parents told him that his school achievement did not matter very much, and that as soon as he graduated from the grades or as soon as he reached the age of sixteen, he would obtain a working certificate and

go to work. The ideals of the school were, of course, in marked contrast to those set up in the home. This situation added to the uncertainty of the boy and increased his conflicts.

Disorders Not Confined to Low Intelligence

The case just presented may at first glance imply that the important factor in the boy's difficulties was his low intelligence, as indicated by the intelligence quotient. However, many of the problems that confront a psychiatrist occur in individuals with normal or superior intelligence. The following brief description of a case will illustrate the development of a severe personality disorder in a boy above the average in ability. A twelve-year-old boy was referred for examination by the principal of a private school because of his peculiar behavior. The complaint was that he was inattentive, did not willingly enter into the school activities, and did not play with the other boys, and that his school work was mediocre, although the teachers recognized that he possessed good intelligence.

Mental tests showed the boy to have an intelligence quotient of 115. He was well developed physically, and was of larger stature than most of the other boys in his grade. He was in the seventh grade, but his work, which had been very good up to the previous three or four months, was now rather poor. The boy stated that he was afraid of the other boys, and that every time he tried to recite in the classroom, "something got into his throat and he couldn't talk." He felt queer, and lately as he sat in the classroom he could hear a husky voice saying, "Come home." At these times, he would tremble all over, and could not do any of his school work. The parents were questioned, and they stated that they could see nothing wrong with him except that he was a little quieter than usual. Upon closer questioning, they admitted that the boy was often punished physically, and that they criticized him severely in order to stimulate him to do better work. The boy himself stated that he was "yelled at," and that the parents often told him that he would not amount to much. His brothers and sisters, of whom there were four, had also been teasing him and calling him "dumb-bell."

In this case, there developed a feeling of inferiority so severe that the boy attempted to retire from the situation. He was never sure that his school work was good, he felt that he could not make a good recitation, and he was beginning to fear the other pupils. It is important to note that his condition manifested itself mostly in the school. Here he was in a complex situation which demanded his best efforts, and he feared it. At home, no high standards were set and there he adjusted fairly well. The auditory hallucinations in which he heard a voice saying, "Come home," were developed in his attempt to escape from a difficult situation.

In the treatment of the case mentioned above, the boy's behavior was explained to him, and a conference was arranged at which his teacher and his parents were present. The problem was pointed out to the parents and they were advised to encourage the boy, to praise him when he merited praise, and not to criticize him too often. His teacher also began to encourage him, and gradually succeeded in introducing him into the activities of the other boys. Within four months, the boy passed into the eighth grade; he became spontaneous, lost his fear of the other boys, and had no hallucinatory symptoms.

This case also illustrates the importance of the schoolroom in bringing symptoms to the foreground, and the

possibilities that may present themselves to the educator in the way of correcting personality disorders, even when they are as severe as they were here.

The cases of severe personality disorder above described have been presented for the following reasons: 1. These psychotic children illustrate the sequence of the development of personality disorders. 2. They show the importance of the school situation in determining the symptomatology and in bringing the symptoms to the foreground. 3. The influence of the educator in correcting personality difficulties is illustrated in the second case. 4. These cases often become serious psychiatric problems later in life, and it is our opinion that a systematic study with appropriate treatment will prevent the development of many adult insanities.

DAYDREAMING

Teachers are often confronted with the problem of a child's daydreaming, and the question arises as to the influence of daydreaming upon the development of personality disorders. Many investigators have shown that the function of daydreaming in children and in adults is that of placing the individual in a situation that he cannot realize in ordinary life. The individual who feels that he is not very highly regarded in his everyday life secures wide attention in his daydreams by becoming a dominant figure. Desires that have been frustrated are thus attained in his make-believe life. It is significant that one rarely meets defeat or fails in his attempt at dominance in his daydreams.

The difference between the daydream and the experiences of the mentally abnormal is that the normal individual is able to reëstablish his personality almost instantaneously, whereas the psychotic individual is unable to differentiate between reality and imagination. The mechanism of attaining an object or a position impossible in ordinary life is seen in many abnormal individuals. The man who has been having financial difficulties thinks, when he becomes abnormal, that he possesses a great deal of money, and the person who has felt inferior believes himself to be a person of high importance.

Experience with children whose teachers have complained of their excessive daydreaming, however, has shown that overt personality disorders can rarely be traced to the daydreaming. The most frequent school problems that arise from daydreaming are due to the child's lack of attention in the schoolroom and his failure to engage normally in the activities of the other students.

Personality disorders of the psychotic type and problems due to daydreaming, while not infrequent, are by no means as numerous in the experience of the psychiatrist as educational problems that involve some emotional disturbance. Cases of marked lack of interest, depression, outbursts of anger, and so on, are frequently encountered. The dependence of educational achievement upon the emotional stability of the individual has been recently brought out in the problems of a large number of post-encephalitic disorders. These cases have been very numerous in the past five years, and are the result of a previous attack of sleeping sickness. In this disorder, the prominent symptom is an emotional instability accompanied by lack of attention in the schoolroom, destructiveness, incorrigibility, and so on.

It is interesting to note that in the cases seen in the clinic, the symptoms caused the greatest difficulties in the school rather than in the home, and

from seventy-five to eighty per cent of the cases came to the clinic at the instance of school principals. Before the condition was recognized as an organic brain disease, the teacher nearly always insisted either that the pupil was dull mentally, had deteriorated intellectually, or was suffering from some insanity.

In most of these cases, when the problems were analyzed it was found that there was no intellectual deterioration, and that the difficulties resulted from the loss of normal inhibition; that is, the pupils lacked the ordinary ability to inhibit their sudden emotional responses, and this lack of inhibition resulted in impulsive and explosive behavior.

The educational problem in the emotional adjustment of children is obviously that of training them to control their sudden and impulsive behavior and of directing their energy into useful channels. In other words, the child is usually taught to react with some deliberation and reflection, instead of suddenly and impulsively. In the cases of post-encephalitic disorders above mentioned, the past training was lost, and the children reacted to various situations in impulsive and unreflective ways.

EMOTIONAL RESPONSES OF INFANTS

Before discussing the problem of the emotional adjustment of children in the school and the influence of the pupil's emotional reactions upon his educational career, the results of some experiments[2] upon the development of emotions in infants will be briefly cited. The conclusions from these and other experiments which are still in progress are as follows:

1. The newborn infant does not show any distinctive emotional responses to the four stimuli of hunger, dropping, restraint, and pain.

2. In older infants, the character of the emotional response is determined specifically by the character of the stimulus, and may be varied by varying the quantitative aspect of the stimulating condition; that is, the emotional reaction is a specific response in the attempt to adjust to the stimulating condition.

3. The emotional responses of infants may be classified into two types: those that attempt to reject the stimulus and those that facilitate its continuance. The rejection of the stimulus is illustrated in the responses of infants to such stimuli as dropping and restraint, these responses being ordinarily classified as fear and anger. The emotional reactions that tend to continue the stimulating condition are illustrated in the responses to stimuli such as feeding, stroking, and so on.

4. The responses that are ordinarily termed anger are preceded by a response of variable duration which is usually termed fear. This fact is of importance in the explanation of certain emotional disturbances, as will be pointed out later.

Emotional responses are, however, so conditioned during the development of the child that a fear reaction may not precede an anger reaction. This type of conditioning is noted, for example, in many children who show behavior disturbances after an attack of sleeping sickness. In these cases, another interesting characteristic of the development of emotional disorders is noted. Many of the children said to display frequent anger outbursts stated that they were not angry at all. In most of these cases, the individual did recognize his anger "spells" after a short period of the

[2] Sherman, Mandel, M.D., "The Differentiation of Emotional Responses in Infants," *Journal of Comparative Psychology*, 7: 265–84, 335–51, June and Oct., 1927.

unusual behavior. The probability is that his outbursts which were recognized by others as anger were merely his method of adjusting to particular situations. After a short time, the other individuals in the environment impressed upon him the fact that his outbursts were those of anger, and so he, too, called them anger and spoke of feeling angry.

The relation of this theory of the development of the emotions to the educational problem of the development of healthy emotional attitudes is at once obvious. If the character of an emotional response is determined directly by the character of the stimulating condition, and is influenced by the methods utilized in the past in adjusting to a situation, then educational methods may be utilized to a great extent in determining the future emotional equilibrium of an individual, and the situation confronting children who have some detrimental emotional attitude may be so altered that their typical responses will be altered.

The general emotional responses that an individual makes are determined largely by the method that he has adopted in meeting difficult situations. This method of reacting is carried over to most of the situations he meets. The primary reaction a developing human makes to a disagreeable situation is one in which he tends to remove the noxious stimulus. Furthermore, in the development of these positive emotional responses, the fear response is usually predominant at first, and when this adjustment termed fear does not suffice to remove the irritating stimulus, the anger reaction follows. The preliminary fear response followed by an anger reaction has been clearly demonstrated in the above mentioned experiments upon infants, and may be noted in many of the responses of children and adults.

DEVELOPMENT OF UNHEALTHFUL EMOTIONAL ATTITUDES

To illustrate the method of development of emotional attitudes that interfere with educational adjustment, there is the type of pupil who feels that the teacher is not fair to him, that the subject matter of his studies is not very important, and who develops the attitude that he is too important to abide by the rules of the school. This type of student is often observed in the high schools, and is usually diagnosed as an egocentric individual. The analysis of the difficulty involved in this problem shows that the individual's reactions are at first manifested as a fear of the situation. He feels that he is beginning to fail; that the criticism of his teachers means his lack of ability. He then begins to believe that the criticism is aimed at him personally, and that the inadequacy of the school is a cause of his impending failure. Later, the fear of the situation is replaced by an antagonism, and the attitudes noted in this type of case are quickly built up.

This type of educational problem is illustrated in the case of a boy who was first studied when sixteen years of age. He was living with an aunt and uncle who complained that he was difficult to manage. At home he was arrogant, argued at great length about trivial affairs, and always attempted to show the members of the family that they were in the wrong. His teachers at a public high school asked for a psychiatric examination because of his behavior. He was in the second year at high school, but his work was rather poor. He argued with the teachers, refused to do a good deal of the school work "because it was not his idea of the type of subject matter fit for an intelligent man," criticized the teachers openly, and did not associate with the other students.

The boy met the examiner in an assured manner and appeared extremely well poised. He was tall and fairly well developed, neatly dressed, and very clean. He assured the examiner that he realized that he could not get along with his aunt, and that he had decided to live elsewhere. He admitted that he did not care to follow the instructions of his teachers, and added that he wanted to become a novelist and that he would quit school, since he could get no adequate training there.

By the Stanford-Binet test, the boy was found to have an intelligence quotient of 94, and on the Alpha test made a score of 108. In casual conversation, however, he gave the impression of possessing much greater ability than the intelligence tests indicated. He had a very good vocabulary and extremely good conversational ability. He had read a good deal, and conversed well on literature and history. Upon close questioning, however, it was evident that he had but a superficial knowledge of the subjects about which he conversed so freely, and in addition it became evident that he had made a distinct effort to acquire the vocabulary he possessed by studying dictionaries and substituting unusual words for those commonly used.

He moved to a "Bohemian" neighborhood and lived in a small room. He received nine dollars weekly from the estate left by his mother, and managed to get along. He wrote some prose and some verse, but the work was amateurish and of the sensational type, and was not accepted for publication.

In about nine months he returned to the examiner complaining that he could not get along with the people with whom he lived because they were all "sapheads." He now wanted to return to school, and did enroll in a high school, but quit after three weeks, again complaining that the instructors demanded a great deal of work from the students that did not mean much. He went back to his so-called Bohemian surroundings, and began to dress in an unusual fashion. Upon one occasion he came into the examiner's office dressed in a shabby black suit, a derby hat, and a large bow tie, wearing black silk gloves and carrying a cane. On several occasions he had attracted a good deal of attention by leading a cat by a silk cord down a boulevard. When he was twenty, he wrote that he was about to enter upon a training course for the Episcopalian ministry. He was trained, he stated, in a Methodist home, but the dress and the ceremonies of the Episcopal Church attracted him. Later he wrote that he had given up that plan, because some people high in the social world in New York City were interested in him and were about to send him to Europe to study literature.

ANALYSIS OF MALADJUSTMENTS

The case illustrates the development of attitudes that cause maladjustment in school and that result in difficulties later in life. This boy's feeling of inferiority developed early in life, partly because of the home situation and partly because of his inability to progress in school as rapidly as he wished. As a result, he adopted an attitude that enabled him to play the rôle of a superior individual. The original fear of the school situation was substituted by an antagonism, and in the attitudes that he developed he was able to justify his failure to progress rapidly. By belittling others and by finding fault with the situation to which he could not adjust, he was able to maintain his superiority. His manner of dress, his unusual behavior, and so on, indicate

the method that he was forced to adopt in order to gain attention and to be a dominant figure in his environment.

This case further illustrates the influence of the development of certain emotional attitudes toward the school situation upon the future vocational and social adjustment of the individual. This boy was unable to adjust to routine, even after leaving school, and could not keep any of the several positions he obtained because he was forced to follow the directions of his superiors. He quit his positions because he felt that he was not treated well enough and because he could not assume the position of a dominant figure at his job.

In the analysis of many school problems, the difference between the attitudes and ideals in the home and the school plays an important rôle. The importance of the initial school period of a child in developing social adjustment has been brought out by many writers, but in addition to the initial school adjustment, the child is called upon to make adjustments during his entire educational career, from the grammar grades through the university. The inconsistency between the ideals and goal of the school and those of the home often tends to arouse mental conflicts in the pupil and to confuse him. This is quite apparent in the children of foreign parents, and cases of maladjustment due to this factor are numerous in public schools situated in foreign-speaking settlements. A boy, for example, is taught the ideals of Americanism at school, while at home, the parents may be continually criticizing American ideals; the school aims to develop aesthetic, ethical, and cultural ideals, whereas the ideal of the parents may be that of capitalizing the educational achievement of the student. Numerous conflicts arise, and such conflicts are by no means infrequent in thoroughly Americanized communities.

Serious conflicts also arise from discrepancies in the treatment of a child in the home and in the school. It is apparent that a child must adjust to very little personal attention in the schoolroom, and must recognize that there are many other children there who are just as important as he. Many of the problem children whom the psychiatrist has difficulty in treating are those whose parents have allowed them to assume a dominant rôle in the home. At home, these children have their own way and continual attention is paid them. The necessity for changing their attitudes and behavior in school often results in a serious maladjustment.

The contribution of psychiatry to educational problems is not only the detection and treatment of mental abnormalities, but also of various emotional attitudes and disturbances which may interfere with the educational career of children. The emotional readjustment of a pupil by a psychiatrist often markedly influences the child's educational adjustment and his future academic achievement. Psychiatry is also concerned with the possibility of obviating adult maladjustments and abnormalities, which often have their beginning in the individual's school problems.

The Mental Health Value of Special Education

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THE purpose of education with which most of us are familiar is as old as the Greeks and has persisted for two thousand years. Until within the last century, education, as commonly thought of, was cultural and academic. Training in the home, in the workshop, or in the fields was not seriously thought of as education but merely as industrial activity. Knowledge and the pursuit of truth, rather than the acquisition of skill and the development of a harmonious social personality, were the goals of former teaching. Under such conditions, education was philosophical, professional, and clerical rather than material and practical. It was necessarily limited to the privileged few and was a private concern rather than a function of the state.

Only in comparatively recent years has the idea of education as a preparation for all kinds of living received any general acceptance. The political and industrial revolutions of the past two centuries have contributed to this new point of view. Education has rapidly become a state function for the benefit of all, with material and social objectives in addition to the perpetuation of cultural traditions. The business of education in this country today is to prepare all children for enrichment of living as well as to provide them with the means of earning a livelihood which shall contribute toward their enjoyment of such enrichment.

Adapting Education to the Larger Group

The privileged few who benefited from the cultural education of earlier days were a highly selected group of the socially and intellectually gifted. The form and the content of early education were traditionally established in relation to the learning capabilities of this minority. Modern public education, on the other hand, undertakes to teach everything to everyone. Compulsory education sends all children to school, regardless of their mental limitations. This condition is rapidly forcing a fundamental reorganization of educational practice.

We have always known that all men are not created equal from the standpoint of mental endowment. Common observation and experience have amply demonstrated the significance of individual differences in the capacity for receiving instruction. But only within our own lifetimes has a technique been developed for satisfactorily demonstrating these differences so accurately as to make possible a practical separation of the gifted from the deficient and of the competent from the incompetent. No longer does the private tutor go the rounds of his individual pupils. The private academy with its small numbers and selected students no longer dominates our educational system. The public school with its program of mass instruction faces the impossible task of giving impartial attention to the most heterogeneous aggregation of the different social and intellectual classes that could possibly be imagined in a common gathering.

It has therefore become necessary to introduce some effective plan for classifying children according to their natu-

ral aptitudes. This is being accomplished in some measure by the use of the various ability and achievement tests which have had such a wide vogue within the last decade.

Education has become corrective as well as preparatory. It has become specialized with reference to the number and variety of defects and deficiencies inevitably present when all the children of all the people must attend school. Not only the mentally retarded but also the physically handicapped and the socially underprivileged must receive their due if public education is to be administered with republican equality and justice.

Special education may be said to have begun with the early attempts to teach the deaf and the blind. This movement was extended during the last century so as to include the mentally deficient, and it rapidly dominated other types of specialized instruction. The specialized teaching of the mentally deficient in public institutions and in isolated special classes received a tremendous impetus with the advent of the Binet-Simon tests, which for the first time made possible the practical detection and segregation of the mentally subnormal, and served to indicate the direction as well as the extent of their limited capabilities. Primitive modes of education in simple industrial arts and handicrafts soon replaced the academic course of study which was for them impossible. Improved systems of classification, better methods of teaching, more skillful selection of subject matter, and more practical objectives of instruction became the accepted practice of most special classes. This movement so dominated specialized instruction that the special class today is still synonymous in many places with differential education for the feeble-minded.

COMPENSATORY ABILITIES SHOULD BE RECOGNIZED

The progress growing out of these experiences has revealed that the backward child educationally resembles the feeble-minded child at only a slightly higher level. His inherent difficulty with the academic curriculum is reflected in the fact that fewer than fifty per cent of the children who enter the public school graduate from the eighth grade. Only about thirty per cent go on to high school, and about ten per cent to college. Yet, the academic curriculum, being essentially a stepladder type of training, assumes that every child who enters first grade shall be prepared for college entrance. The large percentage of school children who fail without even reaching the sixth grade has been grossly ignored in the persistent attempt to force an academic education upon all those who enter the public school.

We have only recently begun to realize how futile are these efforts to force upon any child a type of instruction in which he may have no inherent interest and for which he may lack the necessary natural aptitude. Such a system ignores the compensatory abilities in other directions which often enable a child of relatively low verbal intelligence to succeed in life.

In placing a premium upon a cultural type of school program, we make third-rate clerks of what might otherwise be first-rate artisans, and second-rate mechanics of what might otherwise be first-rate semi-skilled workers. This system also ignores the tremendous social significance of education as preparation for independent social adjustment in a republic which requires every citizen to participate in the function of government. It fails to capitalize the social idealism and the economic self-respect with which

every normal child is happily endowed.

Special education is an administrative method of overcoming these embarrassments of mass education. The recent aspects of special education are much more constructive and more widespread in their application than were those of the early movement. Special education today means that entire field of education which deals with all forms of handicapped children, whether the handicap be mental, physical, social, or educational, and instead of merely bolstering the defects of a single group, such as the feeble-minded, it is reaching out to meet the needs of all kinds of atypical children.

CHILDREN CRAVE EQUALITY WITH OTHERS

Children whose needs cannot be successfully provided for in the regular classes of the public school quickly sense the differences between themselves and the more successful members of such classes. If there is any one drive of childhood and early adolescence, it is the desire to be like one's fellows. Taking pride in being different from the rest of the group is a point of view which develops late in life and only after considerable cultivation. The intelligent adult may learn actually to capitalize his defects. He may come to see in the mode of difference between himself and the rest of his fellows an actual asset to his individuality, instead of a liability.

The child experiences no such rationalization. He reflects a passionate desire to be one with the crowd in all respects. The achievements of the crowd must also be his. The direction of their movement must be his, too. Perhaps the instinctive fear of being left behind that must have haunted the primitive savage when the tribe was on the run may have its vestiges in this innate urge to keep up with the procession. The child fears not only to fall behind; he fears even to run very far ahead. He even dislikes being different from the rest of the group with which he may yet be able to keep pace.

Who shall know the emotional tragedies of the handicapped child, whether it be a social handicap of not being able to dress and own as the others, or a physical handicap of lessened mobility and strength, or a functional handicap of sensory deprivation, or a mental handicap in speed of learning? Gregariousness, emulation, and the desire for equal achievement are some of the passions of childhood which adults all too often ruthlessly ignore.

Out of the inequalities of child with child there must inevitably grow emotional conflicts, definite losses of self-pride, damaging consequences which accompany the realization of failure, over-compensations which accompany the fear of defeat.

Even the feeble-minded child vaguely rebels against the inevitability of the difference between himself and his normal fellows. He has few compensations to offset the generality of his handicap, few chances to excel in any direction. The persistent driving home of his inferiority develops an ill-defined insight regarding his incompetence which frequently is the only insight he ever experiences.

In a system where few children escape the necessity of school attendance, these differences in native capacity produce great heartburning during the most sensitive life period. Shall the public school continue to emphasize and to aggravate these disabilities, or shall it, from the standpoint of constructive social progress, frankly reckon with the situation and undertake intelligently to combat the consequences of abnormal deviation? The answer is unquestionably that the public schools

not only will but must reckon with the disabilities of school children if there is to be any effective social development of the handicapped child. Considerations of selfish prudence alone, if not those of professional and social idealism, require that no child shall be stultified in his educational progress to the point of serious nullification of the very opportunities which public education today generally provides.

Moreover, now that we are becoming increasingly aware of the fundamental importance of sound mental health during childhood, we know that it is necessary to the social stability of a large number of our future citizens that definite account be taken of the obstacles to their successful instruction while of school age.

GRATIFYING DEVELOPMENT OF SPECIAL EDUCATION

Even a cursory review of the existing situation in the public schools shows a very gratifying development of special education in comparatively recent years. No school system today can be rated as progressive which has not provided in some measure for the special instruction of its mentally subnormal children. Indeed, all large school systems have made very gratifying progress in providing special classes for the feeble-minded. Whereas these classes may not adequately meet all the needs of these pupils, there is at least a recognition of those needs and a conscious attempt to provide adequately for them. The school laws of many states make mandatory provision for the mentally deficient, and most educationally progressive municipalities have well-organized instruction for such children. The movement has made important progress even in many rural counties.

The development of special education for other types of handicapped children, which accompanied the movement for medical inspection in the public schools, has not made progress commensurate with these needs. While most of the larger school systems have made some provision for the blind, the deaf, the constitutionally handicapped, the crippled, and the delinquent, few cities have developed that degree of systematic administration of such special classes which is necessary for the successful instruction of such children. Indeed, the professional literature is quite obscure and uncorrelated from the standpoint of sound technical administration of special education as a separate department of public instruction.

The successful administration of such instruction obviously requires, first of all, suitable diagnostic facilities for the selection, the classification, and the differential treatment of such children. Many systems avoid the issue because of the apparent expense of special education. Other systems have not been sufficiently progressive to provide the technical personnel necessary to the adequate conduct of this instruction. Still other systems are so imbued with the time-honored concepts of traditional education that they refuse to adapt their practice to the obvious needs.

FINDINGS OF A SPECIAL EDUCATION SURVEY

A comprehensive survey of special education was recently undertaken in a representative eastern city with a population of about twenty thousand school children, for the purpose of establishing a modern system of instruction for exceptional children. This study resulted in a proposed administrative organization for special education in terms of sixteen types of special classes.

Seven of these types represented

classes for the physically handicapped, namely, the blind, the partially sighted, the deaf, the hard-of-hearing, those with lowered vitality, those with active tuberculosis, and the crippled. Three of the sixteen types were for the mentally retarded, namely, the low-grade feeble-minded, the high-grade feeble-minded, and the borderline subnormals. One type of special education was proposed for those with various kinds of educational disabilities. Another type was proposed for the intellectually gifted. Still another was recommended for truant and delinquent children and for those requiring disciplinary action. Special classes were also proposed for children with combined mental and social handicaps, namely, those requiring continuation schooling. Still another type of class was proposed for those children with defective speech, and another for children who were psychiatric problems, requiring assistance in individual mental and social adjustment.

These sixteen types of classes require at least as many types of specialized instruction, with due regard for administrative as well as pedagogical considerations. It was found that in order adequately to select and classify exceptional children, an educational guidance clinic would be necessary, with a staff of trained workers consisting of psychiatrists, psychologists, physicians, and social workers. It was recommended that such a clinic act in coöperation with a department of research and measurement such as is now considered indispensable in the larger school systems.

The group of specialists conducting this survey reckoned with all types of school problems from the standpoint of the best adjustment of the individual children in relation to their various handicaps. They called attention to the high percentage of school failures common to these children while in the regular grades. They deplored the personal injustices to the individual children, the economic losses, and the social maladjustments which confront the educational misfit in school and in later life.

This survey showed that these different types of handicapped children constitute from fifteen to twenty-five per cent of the total school population. Their school lives are beset with very definite hazards from the point of view of the best conservation of physical and mental health, of personal happiness and of social or industrial effectiveness.

Handicapped children are quite incompetent to cope with these hazards to any successful degree unless their differences are recognized and provided for by administrative school officers. The financial cost of making such provision was found to be unimportant in relation to the many advantages which would accrue, since, in large measure, the instruction now provided is ineffectual if not actually baneful.

EDUCATION SHOULD DEVELOP INHERENT POSSIBILITIES

Special education in the past stressed the incompetence or the disabilities of these handicapped children. This point of view is, however, being rapidly replaced by a much more wholesome and constructive attitude on the part of educational specialists and school authorities. We are entering a phase of public instruction where education is viewed as a device for assisting all children to realize their most complete development. While one cannot deny the general correlation of abilities and disabilities, neither can one deny a reasonable prospect of successful education for every child in terms of his total individuality. Few children are so hopelessly afflicted that life holds

little promise for them, if only a reasonable effort is made to help them during their formative years. We must endeavor to capitalize such talents as they possess and to avoid emphasizing their handicaps.

Biography and history are filled with notable instances of successful adjustment on the part of persons with dire disabilities. To the number of such eminent persons who have risen above native or acquired disabilities must be added those successful individuals of lesser fame who have weathered the storms which brew about some incapacity or defect. Many such persons have found in their disabilities a positive spur to extraordinary effort. Often the disability has been a real asset in requiring the redirection of their energies along successful channels, which perhaps would not have been feasible except for the handicap. An entire school of psychiatry has been founded on the theory that organic inferiority creates positive incentives toward developing talents that would otherwise be unrealized. We need not press this point of view so far as to urge that normal persons cultivate constitutional disabilities in order to succeed, but certainly there is a wealth of definite evidence to indicate that such success is at least not impossible.

SCIENTIFIC KNOWLEDGE SHOULD BE APPLIED

It has been said that "the proper study of mankind is man." Yet, few fields of knowledge have had less successful prosecution than this. We are today, however, on the verge of discovering many of the important secrets of human adjustment and success. We are gradually coming to accept the proposition that most of the maladjustments of adult life have their foundations in comparatively early childhood. While it has long been suspected that the public school as at present constituted may, and does in many instances, constitute one of the most serious menaces to the mental health of children, we have been slow to acknowledge that this all-important period of their lives can be safeguarded in perfectly definite ways if we will but give sufficient thought to the matter.

It has been said of medicine that we can have all the health for which we are willing to pay. Medicine today offers vastly more in the way of preventive and corrective measures than any individual or community utilizes. May not the same be said of education? If we cannot have all the education we are willing to buy in the public school system, we can at least have vastly more than we now have if we will but capitalize the experimentally established devices for improving public instruction. What is needed is the same determination to apply scientific knowledge in the field of education as in the fields of industry and engineering. The discoveries of physics and chemistry are incorporated into industrial practice almost as rapidly as proclaimed. It seems reasonable to expect that we should be equally successful in applying scientific knowledge to the promotion of our own lives and those of our children.

The Public School and the Problem Child

By R. Ray Scott
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"UNLESS means of communication are found for opinions and ideas of creators among the human race, modern youth will adopt the religion of paganism and the moral codes of the daily press." These are the words of a woman wise in the wisdom of this world, one who has watched the "dance of life" from the vantage point of the juvenile court. While the statement quoted is more literary than scientific, the bald fact remains that two hundred thousand children under eighteen years of age passed through the juvenile courts of America in 1923. This army of unfortunates is generally spoken of as "juvenile delinquents." The phrase has some unpleasant connotations; it seems to place the onus of guilt upon the child. Dr. H. H. Goddard has pointed out that delinquency is a failure to keep up with the requirements of the group, and that it is a social fault, not an individual one.

A new manner of thinking has quietly become established in the western world with the application of statistical concepts to the study of social phenomena. The easy dichotomous classification which characterized our thinking about the world a generation ago has given place to the concept of the norm, and the deviation therefrom. Simplicity has yielded to complexity. While the idea of types is retained, they are no longer thought of as pure. The bewildering complexity of human personality has become, at least in intellectual circles, axiomatic. Appreciation of these changes which have occurred in our thinking is necessary to an understanding of all that is implied by the phrase "problem child."

Classification of Problem Child

A problem child is one whose behavior deviates from the norm in some respect which is considered important. He may be called a degenerate, a mental defective, a psychopathic, a delinquent, or whatnot, but the thing that makes him a problem is his maladjustment to the social milieu in which he must find his fulfillment as an individual. Perfect adjustment to any environment, social or physical, is a myth; and never more so than in the case of a growing individual. All life is a state of unstable equilibrium. However, the concept of modal conduct, or normal conduct, provides a standard from which one can estimate the degree of aberration. When the degree becomes excessive enough to be subversive of the best interests of the individual as conceived in the light of the accepted ideas of legitimate life values, or subversive of the highest welfare of the group, we say that the individual is maladjusted. The problem then is one of diagnosing the causes of his deviation, and adopting corrective measures for his redemption.

From this statement it may be readily inferred that the problem child may represent every degree of maladjustment, from the mischievous urchin whose conduct occasionally brings him into conflict with the more or less reasonable expectations of the adults who control him, to the hopeless psychopathic who baffles every effort at treatment and reclamation. To clas-

sify a child, then, as a problem child may mean a great deal, or it may mean next to nothing. It is well to consider that the business of classifying people is dangerous. Too many children are regarded and treated as "bad" whose badness consists of interfering with the comfort or convenience of adults.

There is no single norm for human behavior. We do not expect socialized behavior of infants, but we are prone to forget that the step from infancy to adulthood is a long one. The greatest injustice and harm is done to childhood by applying to it the standards of normal behavior of a more mature group. The boy who digs a cave in the back yard and thereby ruins his father's lawn is not bad nor delinquent. All that is involved here is a conflict of values.

The problem child is one whose behavior is in conflict with the standard of behavior expected of children of his stage of development, or rather his degree of maturity. Of course, in a sense, all children are problem children, since growth implies a gradual transformation of behavior in the direction of the best adult standards, and these adult standards are inevitably in the background of the thought of everybody who has any sense of responsibility for the education of children. The injunction against stealing, for example, is constantly brought to bear upon children, and yet what a mature society calls stealing may be something quite different to the child accused. In this fact we have the central nature of the problem concerning childhood; it is a problem of education. In the case of the problem child, the task is not fundamentally different; its conditions are just more complicated.

RESPONSIBILITY OF PUBLIC SCHOOL

Having determined that the problem of the unadjusted child is an educational one, our thought naturally turns to the public school. We are moved to ask the question, Is it the legitimate function of the school to deal with this situation, or does the child's departure from normal behavior automatically remove him from the jurisdiction of the public school?

It is not difficult to answer this question in theory. If the school were competent to diagnose the child at entrance and to prescribe and to give the kind of educational treatment needed at every stage of his development, the number of problem children would be brought to the irreducible minimum of those who suffer from some serious hereditary handicap in the nervous system. In other words, given divine wisdom, the school would be able to eliminate the problem. It is the belief of many social workers that a very limited amount of mundane wisdom will go a long way toward its solution.

Six to ten per cent of the school children are said to show conduct disorder, and it is chiefly from these children that the juvenile court cases are recruited. Their presence in court means that the school, together with other agencies such as the home and the church, has failed. H. M. Fullerton, one time probation officer at St. Louis, wrote in 1912: "Personally I am satisfied . . . that delinquency, which is really a problem of education, must be left to the public schools: the public schools must recognize their responsibility, and prepare parental schools and schools for incorrigibles."

While there seems to be an increase in the amount of unofficial treatment of pre-delinquent children, many social workers are of the opinion that the work now performed by the agents of the juvenile courts beyond the minimum function of determining custody and disposing of very exceptional

cases, is a stopgap. Christopher G. Ruess, formerly chief probation officer of the Oakland Juvenile Court, is responsible for the following statement:

> Except for an irreducible minimum, the work of the juvenile court should gradually be taken over as part, but only as part, of a larger and entirely normal work, namely, a home department of our public schools under the supervision of skilled home-and-school visitors.[1]

The opinion here represented is based on the belief that the court is not in the best position to do preventive work. The idea of school responsibility for delinquency prevention was not originated in 1914. New York City had adopted the visiting teacher in 1906. Today there is apparent a movement, which is gradually gaining momentum, to create machinery and a technique whereby the school may discharge its full duty to the child. This movement has two aspects, prevention and salvage, though these aspects are not clearly distinguishable.

That a vast amount of aberrant behavior can be prevented by sympathetic understanding and treatment in school cannot be seriously questioned. In the case of Matilda Mardon, a fourteen-year-old girl investigated by the Judge Baker Foundation,[2] it was found that she was expelled from school just when she was experiencing difficulty in meeting adolescent changes. The investigator remarks:

> From this case and others that have preceded it we can see how frequently there is reflected in the school history change of attitude and interests that are concomitant with the beginnings of delinquency. Thus in the school danger signals can often be very early observed, though not invariably.

The observation of danger signals is clearly the responsibility of the classroom teacher, whose contacts with the children are closest. The trained and experienced teacher will save many children from maladjustment without turning aside from her regular classroom duties. Where a case calls for more particular and extended treatment, it is doubtful whether we can rightfully expect it of the classroom teacher. Her burden is already sufficiently heavy. To supplement her efforts, the visiting teacher has made her appearance.

Six years ago there were in the United States one hundred visiting teachers in twenty-eight cities distributed over fifteen states. Today the number is much larger,[3] but the visiting teacher is still a none too common figure. This officer is really a social worker operating through the public schools. Frequently, she is attached to the attendance department.

ACTIVITIES OF ATTENDANCE DEPARTMENT

While the visiting teacher is on the firing line in the battle against delinquency, her efforts will not win the fullest measure of success unless they are backed by an organization whose business it is to discover the problem child and to deal with him fully. Since truancy is one of the earliest and most easily observable danger signals, it seems only natural that the machinery for dealing with the unadjusted should be created in the attendance department.

In Milwaukee during 1920–1921, this department handled 33,205 cases, and by careful treatment prevented all but fifty-seven from getting into the juvenile court. In Newark, an official of the attendance department sits once a

[1] *California Outlook*, Nov. 7, 1914.

[2] *Case Studies*, Series 1, Case 9.

[3] According to information received from the National Committee on Visiting Teachers, there are at the present time 257 visiting teachers working in 102 communities in 34 states.

week as judge in an informal court at the City Hall. The Minneapolis attendance department has been converted from an agency to enforce the compulsory attendance law to a department of social service to prevent truancy and delinquency. Its functions are carried on by social workers and visiting teachers, and it includes vocational guidance within the range of its activities.

This extension of the scope of the attendance department will doubtless be the line of least resistance in many communities in the attempt to deal with the problem child. For the time being, and for a long time to come, valuable aid will be sought from nonofficial agencies. In Louisville, Kentucky, it is the Associated Charities that collaborates with the attendance department to keep children out of the courts, while Cincinnati, Rochester, New York City, St. Louis, Boston, and Philadelphia all lean heavily on private foundations. It is not necessary to look upon the collaboration of private agencies as a temporary measure, but we may confidently expect to witness a gradual encroachment by the public schools upon the functions now performed by such agencies.

The vocational guidance bureau is a second direction in which the educational system is developing in its efforts to prevent and cure abnormal behavior. In Cincinnati, the Council of Social Agencies and the Schmidlapp Foundation coöperate with the public school in conducting the Vocational Bureau. While the work of this bureau is not confined to the children who come into conflict with the school, there is necessarily much overlapping.

A full vocational guidance program calls for a diagnostic technique calculated to discover the child's capacities, and this can hardly be carried out without uncovering many facts that are of vital significance in the understanding and control of behavior. However, in a case of actual delinquency, it would appear to be a considerable extension of the duties of a vocational guidance bureau to look after the child's reëducation. However, if the bureau conceives this work to fall within its proper jurisdiction, and is organized and equipped to do it efficiently, there should be no quibbling over names.

Perhaps the most promising development in the public schools for meeting the problem of antisocial conduct is the creation of psychological and clinical departments. These departments concern themselves not alone with the mentally backward, but also with behavior problem cases, which, after all, are very largely recruited from the "dull-average" or "dull-normal" group (I. Q. 80–90).

While we may object that intelligence and other psychological tests have not attained the state of reliability which many enthusiasts ascribe to them, we can nevertheless concede that testing and diagnostic instruments and techniques now available are competent to shed considerable light upon the nature of, and often the reasons for, an individual's behavior, be it considered normal or otherwise. Let it not be forgotten, however, that no amount of clinical study of problem children will result in redirected lives unless its findings are carried over into remedial measures in each and every case.

PLAN SUGGESTED

Having seen the nature of the problem created by the unadjusted child, and having briefly considered the sporadic efforts being made to meet the situation, we may now suggest a plan of organization whereby the educational system may embrace this important,

yet hitherto neglected, phase of its work. There should be a Department of Mental Health organized either as a parallel to the Department of Health or as a bureau in this department.

The Department of Mental Health should be in charge of a psychiatrist. The total range of functions performed should include the discovery and the examination of maladjusted children, the supervision of schools and classes for atypical children not under the jurisdiction of the health department, the conduct of vocational guidance, and finally, field work or "follow-up" work by visiting teachers. This department in time should absorb the prerogatives of the juvenile court. For the present, it will probably be more feasible to utilize the machinery of the juvenile court where it is deemed necessary to remand a child to an institution, especially where there has been violation of law. It appears, then, that the department will require the services of a legal adviser.

The spirit which should permeate the entire department in every phase of its work is neither that of punishment nor yet that of impersonal efficiency in dealing with pathological conditions: rather, it is the warm, human spirit of helpfulness. The point at which a Department of Mental Health will function constructively is the point at which it makes personal contact with an individual child who needs its ministrations. That is a personality contact, and it is strictly a psychological matter.

We are just beginning to discover what a tremendous rôle is played by attitudes in social processes. "Truant officers" have been invested by children with terrifying attributes which have made of them persons to be avoided with the same assiduity with which one avoids a mad dog. Accordingly, truant officers have been notoriously lacking in helpful influence over school children—unless, of course, one excepts the kind of negative helpfulness which is dispensed by the Devil to those who sincerely believe in him.

If there should be a development of a fearful, a suspicious, or a hostile attitude toward the department of mental health in the public school system, the amount of good this department could do would be seriously circumscribed. All of the children in the schools should be brought so continuously, so naturally, and so agreeably into contact with the activities of this department that they will unconsciously accept it as among the beneficent forces in the school environment.

The psychological laboratory and the clinic will occupy places of central importance in the Department of Mental Health. Roughly speaking, their functions will be the supervision of mental testing for the discovery of children who should be in special schools and classes, and the examination and the treatment of all special problem cases. While all children can be given group mental tests conveniently, it is obvious that the thorough clinical examination of every child is impracticable; nor is this necessary. Those children who are conspicuous failures in school, whether in work or in conduct, will find their way to the clinic, and on the basis of the findings there, will be placed in appropriate institutions, or, mayhap, put under the supervision of the visiting teacher.

SPECIALIZED EDUCATION

Special classes and schools under the supervision of the central department must be provided in sufficient number to care for all children who can profit more in such institutions than in the regular schools. Schools for the feeble-minded, schools for other classes of mental defectives, truant schools, schools for "incorrigibles," detention

homes, and so forth, all fall within the category under consideration.

We must not shrink from placing mandatory powers in the hands of proper educational officials. The interests of handicapped children, and those of society, are too important to be jeopardized by shortsighted and ignorant parents. Intelligent and well-meaning parents are willing to trust their children in the hands of physicians when they are sick because they recognize that medicine is a specialized field about which the layman cannot be expected to know much. We are fast approaching the day when education will be recognized as a highly specialized field, and in proportion as it becomes so, parents will become inclined to trust their handicapped children to educational experts. For the irreducible minimum who will not, there must be coercion, just as we now coerce them to send their children to school.

The bureau of vocational guidance has been placed in the Department of Mental Health, not because its field lies in the realm of pathology, but because there is no clear dividing line at any point between mental pathology and "normal" mentality. The work of the vocational councilor can do much for the problem child, for it must be continuously borne in mind that the greater part of delinquency has its origin in social factors rather than in mental pathology. Only from one tenth to one third of the cases so aggravated as to get into the juvenile courts are feeble-minded.

Ultimately, we shall have to extend our vocational guidance activities to embrace placement and employment supervision. The young worker, who is out of school and generally in a blind-alley job, finds himself responsible to nobody who takes an interest in his welfare. Seventy-five per cent of the prisoners at Sing Sing in 1923 were under twenty-one years of age, according to Miriam Van Waters, whose statistics I have not checked. In civilized societies, the problem of absorbing each oncoming generation into the economic system is becoming increasingly difficult. Industry is organized for industry, not for man; it takes its toll of man ruthlessly.

A large part of the work of the Department of Mental Health will be done by the visiting teacher. No child whose conduct is out of harmony with the requirements of a normal environment can be thoroughly understood or thoroughly helped unless there is intimate knowledge of his life out of school. The visiting teacher is an investigator, but she (or he, for some must be men) is more than that: she is a substitute parent, and in the last analysis, she is a probation officer.

THE OUTLOOK

In conclusion, let me say that great optimism with respect to the problem discussed in this article is not justified by a sober consideration of certain sociological facts. In the first place, we have to note that we have a machine age superimposed upon the medieval cultural system. The whole fabric of inherited civilization is in process of disintegration, and we scarcely know what is to be developed in its place.

Social workers know that a large percentage of delinquent children come from unsatisfactory family environments. Sometimes it is the transplanted family, an immigration phenomenon, sometimes the native American family of the new dispensation, and again it is the poverty-stricken family, whether native or foreign. The factors that are involved in the destruction of this ancient institution go to the very foundations of the far-reaching social transformations which are proceeding before our unseeing eyes.

Another large section of the army of delinquents is recruited from the defectives. Modern man preserves the unfit. His justification lies in the humanitarian argument, and in the fact that he cannot agree upon any criterion of fitness. Meanwhile, the number of mentally handicapped persons mounts steadily with the speeding up of mechano-genesis and its consequent speeding up of life. In the face of such facts, it is too much to expect the public schools to usher in a brand-new era. After all, the public school does not exercise a potent control over all the underlying forces that shape human society. However, it represents society's conscious effort to improve itself; it is organized Reason, and at present there is no other human enterprise that offers greater promise of a better future for man. Therefore, we should *act* as though we expected the public schools to usher in a new era.

The Public School and the Mentally Defective Adolescent

By Horace Victor Pike, M.D., Sc.D.
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IN building school curricula, the necessary experimental procedures have to a large degree taken account only of the average child. As Dr. H. H. Goddard has said:

> In the grouping of the children in the grades, such subjects as are taught are rightly placed and well adapted to fifty per cent of the class; for twenty-five per cent the work is too easy, for twenty-five per cent it is too hard, and of the latter, many cannot do it at all.

It is with this last group that we are particularly concerned at this time, and to a certain class of these, the public school in the majority of instances makes no adequate attempt to fulfill its obligation.

It is true that the progressive, thinking, scientific educators of the country are convinced that very special training is necessary for mentally defective children, and that they are better off in classes by themselves, from the standpoint of their own welfare and that of the other pupils. As a result, in certain communities special classes have been organized for mentally retarded and mentally defective children, but in a goodly proportion of these classes, the same studies are prescribed as for the average child, the only difference being that the defective child is allowed a longer time to accomplish the work. Under such training this type of child is but little better off than he was in the graded classes.

In some of our larger cities, it is true, exceptional programs have been worked out providing the proper type of training adapted to the intellectual level, to the emotional reactions, and to the natures in general of these boys and girls, but as yet no community has provided the necessary number of these classes and special curricula, and in the majority of communities no steps at all have been taken in this direction.

Vocational Training for the Mentally Defective

Without question, the problem of the mental defective, like many human problems, in the last analysis reduces itself to economic and vocational considerations. Generally speaking, "the three R's" are of very minor importance in the educational treatment of the mentally defective pupil. It is true that certain of these children may learn to write and read simple material, and they should not be denied these accomplishments, which naturally have a certain cultural and practical value for them; but the keynote of the educational treatment of the mentally defective child should be manual or vocational training.

For the majority of these pupils there is a vocational outlook of some kind which may be discovered, and which if cultivated will keep life worth living, will limit inadequacy in after life, and will reduce the burden of the socially unfit. It has fallen to my lot to see a number of special classes organized as a result of the work of the mental clinics operated under my supervision by the Danville State Hospital, but in few of these has a curriculum been provided that offers the proper training for these

boys and girls. Furthermore, while I have been asked to select the pupils for such special training, it has been stipulated that none should be above twelve years of age.

Personally, I believe that the period between the ages of twelve and sixteen years is a very vital one in the life of the mentally defective child, and that the public school that makes no effort to provide an intensive course of manual training for this group is failing to fulfill one of the functions for which it was created.

In our schoolrooms all over the country, you may find boys and girls between the ages of thirteen and sixteen years attempting to do third and fourth grade work, and a larger group who have been automatically passed into the fifth and sixth grades, who are making no attempt to do anything. The teachers who have these children in their classes fully realize that they can teach them nothing more, and the children are really compelled to attend school for the purpose of watching their more fortunate fellows secure an education.

Furthermore, it is at this physiological period of life that the defective child begins to appreciate his own handicaps, and he frequently feels very keenly his inability to keep pace with his fellows.

Attempts to make these children do the work which they have not the capacity to do results in discouragement for them; and a discouraged person, adult or child, is potentially a dangerous person. He is ready for anything. Hence, these boys and girls who are learning nothing that they can use, either to earn a livelihood or to occupy their time, are fertile soil for the implantation of all sorts of antisocial tendencies, and the public school thus becomes at least a passive factor in the production of delinquency.

WHAT OCCURS OUT OF SCHOOL

When the school day ends, these boys and girls, in the majority of instances, return to homes totally lacking in any form of constructive training. The school having provided no means of occupying their spare time, they continue their lives of idleness and indifference until the time comes when, the requirement of the law having been met, they are passed on to society as definite vocational and social problems.

Under these circumstances, the boy gravitates to the corner gang and to the poolroom, and the girl wanders about the streets. The one steals and the other is taken advantage of sexually. Their delinquent acts frequently bring them into conflict with the law, and vigorous attempts are then made to convince judge and jury of their mental deficiency, and commitment to a state institution is urged.

As a matter of fact, after a number of years of close study of the feeble-minded delinquent, I am definitely convinced that in a good percentage of these cases, the individual is delinquent not because he is feeble-minded *per se*, but rather because, being feeble-minded, wholesome personal habits, a career motive, and practical vocational skill (which constitute the major objectives in the training of the defective boy or girl) have not been supplied. In other words, the public school has failed in one of its great educational functions.

If we ask why the proper type of training is not provided for the defective child, we are very promptly met with the statement that the necessary funds are not obtainable to equip and operate a special class for feeble-minded children. While this in many instances may be true, the fundamental reason is the lack of understanding upon the part of the school boards and the com-

munity at large of what the proper training of this group can accomplish and of the ultimate economy of such methods of education.

This applies not alone to the lay public but to educators themselves. Plato said: "All the useful arts are degrading, and the end of education is to cultivate the thinking powers." There is still a marked tendency to exaggerate the purely intellectual factor in the study and training of mentally deficient children, with a consequent failure to take into account the total individuality and to emphasize the significance of personality traits and emotional reactions.

VOCATIONAL SUCCESS POSSIBLE

In my experience, I have found that the mental age and I. Q. of a child are far from being all-determining with respect to vocational capacity. In fact, in some instances the child with an I. Q. of 60 makes better use of what intelligence he has than his more fortunate fellow with an I. Q. of 120 and I have seen those with a mental age of seven years do surprisingly well industrially, because of favorable emotional and personality endowment. Dr. Charles Bernstein, of Rome, New York, through his vision and his constructive efforts in this work, has demonstrated that certain groups of feeble-minded individuals can be trained for productive labor in industrial, agricultural, and domestic fields. It is high time that our educational system follow the example of this and other similar institutions and provide the methods of training that this type of its pupils requires.

Month after month, I examine boys and girls between the ages of thirteen and sixteen years who, from the academic standpoint, ceased to progress with third or fourth grade work but who I have reason to believe are capable of receiving constructive industrial or domestic training and of becoming socially acceptable and economically self-supporting. The school from which they come has no provision for such form of education, but nevertheless demands that they continue their attendance until they are sixteen years of age.

I am also informed by the school nurse or a social worker that the home environment is such that nothing constructive can be expected from that source, and with this information I am asked to suggest some magical form of treatment that will make of such children good scholars and will enable them to progress in a normal manner. One may as well ask the moon or the sun to stand still!

I appreciate what this type of child needs, I understand how he should be trained, and it is my contention that when a boy or girl has reached the age of thirteen years and the public school frankly admits that, while he might profit by further specific instruction, it cannot supply the training and that its work has been completed, it has absolutely no right to deprive that child of three years of practical work that can be obtained for him elsewhere.

In such cases I believe the public school should legally have but two alternatives; first, to provide the necessary equipment and instructors in the school; second, upon the recommendation of a psychiatrist, to allow the individual to withdraw from school and to be placed under practical vocational guidance at the hands of responsible citizens of the community, under school supervision. The latter provision should in no way conflict with the laws governing child labor, for the child should be permitted to follow an occupation only after careful psychiatric study and recommendation, and such occupation should then be regarded as a part of his education.

Such procedure would immediately place the child in an atmosphere of practical life, it would give him opportunity to learn by repetition the things that will later be necessary for him to know if he is to make a living, it would remove him from an atmosphere of idleness in both home and school, it would add an incentive to his life, and it would help him to the niche that he is destined to fill.

THE PARENTS' ATTITUDE

What will the parents say to such procedure? If you go to the average parents of these boys and girls and tell them that they must remove their thirteen-year-old child from school because he is unable to learn anything more, or because he is a nuisance or a disturber in the schoolroom, such suggestion will generally be met by definite resistance, which after all is to be expected. It has been my experience, however, that when parents are approached by the psychiatrist, whom they regard as having the interest of the child at heart rather than a desire to get him out of school, and when the reasons for such recommendation are understood, it is not usually a difficult matter to obtain their coöperation.

The finding of proper employment and the safeguarding of conditions of employment are not so difficult as they would have been a few years ago. I have found Rotary, Kiwanis, Lions, and other service clubs not only willing but glad to find placement for such boys or girls and to give them not only employment but personal supervision. Under these conditions these children often make surprising progress.

We are told that when the defective child leaves school at sixteen years of age, it is difficult to have him appreciate his responsibility or hold a job for any length of time. I believe the answer to this is that for three or four years prior to leaving school, he has been practically a nonentity in the schoolroom; and has as a matter of course, during this period developed a shiftless and indifferent attitude toward himself and toward life in general.

TREATMENT SUCCESSFULLY APPLIED

As against this, it has been my pleasure to follow a group of boys and girls over a period of from two to four years, whom I have been able to have excluded from school when they were between the ages of thirteen and fifteen years. That the results have justified the means may be concluded from the following cases:

1. Male, age fourteen, in the fourth grade where he had been for two years, frequently truant from school but no other delinquent tendencies. Psychometric examination gave him an I. Q. of 58. The boy was said to be lazy and indifferent, careless in personal appearance, and a general disturber in the classroom. I found that this boy was eager to be a carpenter and that he had certain mechanical aptitudes. My recommendation that he be excluded from school and properly placed in the community for vocational training was ignored. Shortly thereafter, the boy settled his own problem. He secured a bottle of whiskey, took it to school, and succeeded in getting himself and some of the other boys intoxicated. He was promptly dismissed. He then secured work as a carpenter's helper, and is still, four years later, at the same work and is earning an average of $3.00 a day.

2. Girl, thirteen years, third grade. I. Q. 50. Home environment hopeless. Coöperation of school physician accomplished her removal from school, and parents consented to her placement with two elderly sisters. She is now seventeen, has a good home, is a

competent maid, and has shown no delinquent tendencies, sexual or otherwise.

3. Boy, thirteen years of age, fourth grade in school. Mental age of nine years. Home environment good and parents very coöperative. This boy spent much of his time when out of school tinkering with bicycles and electric bells and batteries. In fact, he seemed to have almost a mania for stringing wires in all directions and connecting them with batteries and bells. In school, however, he was considered an absolutely hopeless prospect. He was finally allowed to withdraw from the graded classes and was placed with an electrical contractor. Today that boy is a steady-going, industrious, and fairly efficient electrician's helper.

I appreciate very fully that such training will not benefit all members of the defective group between thirteen and sixteen years of age; but I am firmly convinced that a goodly percentage of the children that leave school at the age of sixteen and promptly become criminals, bearers of illegitimate children, and social problems in general, could, if properly trained vocationally during these years, be developed into assets rather than liabilities.

The Child of Very Superior Intelligence as a Special Problem in Social Adjustment

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THIS paper deals only with very highly intelligent children. By this is meant those who reach the highest centile for general intelligence, when measured by means of standardized tests applied by a trained person. Such a child is thus, by definition, the most intelligent one in a hundred, and tests in the current generation at or above an intelligence quotient of 130, on a scale like the Stanford-Binet.

The discussion is limited, furthermore, to the problems that arise from *the combination of immaturity and superiority.* Thus the problems considered pertain chiefly to the period before twelve years of age; for the problems of the gifted person tend to be less numerous as he grows older and can use his intelligence independently in gaining control of his own life.

It should be stated clearly at the outset that children of very superior intelligence are not, as a group, socially annoying. The problems presented are *those of the child*, not those of society, as ordinarily understood. That this is so is sufficiently proved by the scant attention that organized society has bestowed upon the study of gifted children. Society studies that which is socially annoying. The school attends to those who give it trouble. Thus feeble-minded children—"minus deviates," as they are called in modern laboratories—have been long studied. Millions of dollars have been spent in considering them, and a voluminous literature has grown up through prolonged investigation of their maladjustments. Gifted children, on the other hand, have been studied hardly at all. Such investigations as we have are the result of intellectual interest on the part of a few educators and psychologists, who in the course of mental surveys became interested in those children who always test at the top.

Quality of Gifted Children

Such data as we now possess, from the scientific study of the gifted as organisms, show us that children of very superior intelligence are typically also superior in other qualities. They are superior in emotional stability and control. The old idea that the very bright "child prodigy" is likely to be nervous has been widespread, and popular fallacy inclines to mention "bright" and "high-strung" in the same breath. In fact, we not infrequently hear people claim to be "high-strung" as a kind of compliment to themselves, implying that they are therefore also bright. Psychological researches of recent years have shown these ideas to be mere superstitions, founded on nothing more substantial than the human craving for a just nature that will somehow penalize the lucky and equalize biological wealth.

The researches of Terman,[1] particularly, and of Hartshorne and May[2] have shown that highly intelligent children are more stable emotionally than are unselected "controls," age for age, and are superior to "controls"

[1] Terman, L. M., *Genetic Studies of Genius*, Vol. I. Stanford: Stanford University Press, 1925.

[2] Hartshorne, H., and May, M., *Studies in Deceit.* New York: The Macmillan Co., 1927.

in their resistance to temptation. The researches of Burt,[3] and of Healy and Bronner,[4] show among delinquents few children of the high degree of intelligence with which this paper deals.

The studies cited do not, of course, exhaust the recent scientific literature, but they do fairly exemplify the results of concrete, impersonal investigation, as distinguished from the results of popular "wishful thinking." The child who tests above 130 I. Q.[5] is *typically*—though of course not invariably—large and strong for his age, healthier than the average, contributes far less than his quota to juvenile misbehavior as socially defined, and is emotionally stable in superior degree.

Starting with these facts as to generally superior adjustment, let us inquire whether there are, therefore, no special perplexities in the life of a gifted child. Is it possible that a child may vary as far in a "plus" direction from the average performance of his contemporaries as an imbecile varies in a "minus" direction, and find no special problems created for him by this wide difference in mental power between himself and the average child of his age?

The psychologist who is professionally acquainted with children who test above 130 I. Q. will be able to formulate clearly certain special problems of adjustment, observed in the case study of these children, which arise primarily from the very fact that they are gifted. Let us attempt to state some of these problems. The more intelligent the child, the more likely he is to become involved in these puzzling situations.

Problem of Work

Where the gifted child drifts into the school unrecognized, held to the lock-step which is determined by the capacities of the average, he has little to do. He receives daily practice in habits of idleness and daydreaming. His abilities are never genuinely challenged, and the situation is contrived to build in him expectations of an effortless existence. Children up to about 140 I. Q. tolerate the ordinary school routine quite well, being usually a little young for their grade through an extra promotion or two, and achieving excellent marks without serious effort. But above this status, children become increasingly bored with school work, if kept in or nearly in the lock-step. Children at or above 180 I. Q., for instance, are likely to regard school with indifference, or with positive distaste, for they find nothing interesting to do there.

On the other hand, if the child is greatly accelerated in grade status, so that he is able to function intellectually with real interest, he will be misplaced in other important respects. A child of eight years graded with twelve-year-olds is out of his depth socially and physically, though able to do intellectual work as well as they can. These problems come out clearly when we consider that the seats and the desks planned for twelve-year-olds will not fit him; that he will always be the last one chosen in athletic contests; that no one will know how to treat him at class parties; that the teacher will be prone to complain of his manual work, such as handwriting; and that he will be emotionally immature in comparison with older classmates. When he jumps up and down, clapping his hands and shouting, "Goody! goody!"

[3] Burt, C., *The Young Delinquent.* New York: D. Appleton and Co., 1924.

[4] Healy, W., and Bronner, A. F., *Criminals and Delinquents: Their Making and Unmaking.* New York: The Macmillan Co., 1928.

[5] The intelligence quotient is the ratio between the status achieved on tests by an individual and that achieved by people in general.

at an announcement from the teacher, the older children will laugh at him, and later they may hang paper tails and other tokens of ignominy upon him; whereas his childish glee would have constituted no violation of taste among eight-year-olds.

A thousand concrete instances might be described to show what these problems of adjustment are. Experimental education is trying to solve them. At present, the special class is being tried in populous centers, wherein a whole group of the young gifted can be brought together—as has long been done for the dull and the slow.

In less populous communities, a moderate degree of acceleration, combined with enrichment of the curriculum for the individual is being tried. We do not yet know how the problem of adjustment to school work can best be solved. Indeed, we have just learned how to define this problem.

PROBLEM OF ADJUSTMENT TO CLASSMATES

Typically, where there is no scientific recognition of the presence of the gifted, these children, by the time they are eight or nine years old, are more or less accelerated in scholastic status and appear as the youngest in the class. Such a child is thus youngest in the fourth or fifth grade, in a heterogeneous group in which the oldest are retardates, thirteen or fourteen years old. Now, in the case of boys especially, it may happen that these dull adolescents lie in wait to bully and tease the young gifted boy, whose "book-learning" they detest and whose immaturity suggests the term "baby." The present writer knows of instances in which these young children have valiantly suffered at the hands of dull, bullying classmates, protecting themselves as best they might by agility and wit, since, of course, they could not possibly compete in size and strength. The gross indignities and tortures thus suffered are directly a penalty of being gifted; for little boys of like age, in the grade proper to their age, do not come into classroom contact with these over-age bullies to the same extent.

One young gifted boy thus bullied said, "I rigged up a sling and was going to hit him [the bully] with a marble, but got afraid I might shoot his eye out." This simple statement tells volumes.

It would seem that the school should somehow take effective cognizance of this problem of the bully, which is created for the gifted child directly as a result of the contacts forced upon both of them by the school. Segregation of pupils on the basis of mentality would go far to obviate such problems, but, except in cities, homogeneous grouping is difficult. At present, compulsory education, with heterogeneous classes, forces upon gifted children situations that would be analogous to those arising if teachers and superintendents were compelled to consort daily, unprotected, with giant thugs and gangsters. Gifted adults are free to segregate themselves from thugs and gangsters and also to take explicit provision for police protection, but the American school forces the dull bully upon the gifted child, in daily contacts, out of which lasting problems of mental hygiene may arise.

PROBLEM OF PLAY

Reports by gifted children themselves show that they are, as a group, much interested in play, and that they have more "play knowledge" than has the average child. When their reports are compared, item by item, with reports similarly rendered by unselected children, it appears that the gifted know more games of intellectual skill, such as bridge and chess; that

they care less, age for age, for play which involves predominantly simple sensori-motor activity which is aimless; and that gifted girls are far less interested in traditional girls' play, as with dolls and tea sets, than are unselected girls. The gifted enjoy more complicated and more highly competitive games than the generality do, age for age. Outdoor sports hold a high place with the gifted, being almost as popular among them as is reading.

But although they love play and have much play knowledge, the play of the highly intelligent works out in practice as a somewhat difficult compromise among their various powers. They follow their intellectual interests as far as they can, but these are checked in many ways by age, by degree of physical immaturity, and by tradition. An eight-year old of I. Q. 160 may, for example, be deeply interested in tennis, but he is likely to be more or less kept from playing because his physical development is not yet equal to the demands of the game. He may love to play bridge, but others of his age who are available as playmates do not, of course, know how to play bridge, and he is not allowed to sit up at night when his elders play.

By trial-and-error experience, the highly intelligent child has to work out an adjustment, if he can, but there is likely to be noticeable difficulty if he tests above 170 I. Q. In the ordinary course of events, it is hard for such a child to find playmates who are congenial both in size and in mental interests. Thus many of those who test very high are finally thrown back upon themselves, and tend strongly to work out forms of solitary, intellectual play.[6] The same situation is discovered in studies of the childhood of eminent persons. Yoder,[7] in his study of the juvenile history of fifty very eminent persons, concluded that their play "was often of a solitary kind." Reading, calculation, designing, compiling collections, constructing an "imaginary land," evoking imaginary playmates—these forms of play stand out prominently among the recreational interests of such children. Since physical activity is hard to carry out interestingly alone, their play tends to become habitually sedentary. Nevertheless, they develop to a high degree swimming, skating, and other forms of athletic enjoyment which do not depend upon inclusion in a group.

Of six young children testing above 180 I. Q., known to the writer, only one[8] had no conspicuous difficulty in play, during early childhood. The other five were all so divergent from the usual in play interests that parents and teachers noticed them. They were unpopular with children of their own age because they always *wanted to organize the play* into a complicated pattern, with some remote and definite climax as the goal. As the mother of one six-year old said, "He can never be satisfied just to toss a ball around, or to run about pulling and shouting." Children of six years are ordinarily incapable of becoming interested in long-sustained, complicated games which lead to remote goals, but are, on the contrary, characteristically satisfied only by the kind of random activity which bored this child of 187 I. Q. The playmates of ordinary intelligence naturally resented persistent efforts to reform them and to organize them for the attainment of remote goals. Furthermore, they did not

[6] Hollingworth, L. S., *Gifted Children: Their Nature and Nurture.* New York: The Macmillan Co., 1926.

[7] Yoder, G. F., "A Study of the Boyhood of Great Men," *Pedagogical Seminary,* 1894.

[8] This child attended a private school where a number of the pupils tested above 140 I. Q.

have in their vocabulary words that the gifted child knew well, used habitually, and took for granted. Literally, they could not understand each other. The result was that the child of 187 I. Q. did not "get along" with those of his own age and size. But when he sought to join the play of children *of his own mental age* (above twelve years), the six-year old was rejected by them also, as being "a baby" and "too little to play with us." The child, thus thrown back upon himself, developed elaborate mathematical calculation, collecting, reading, and games with imaginary playmates, as his chief forms of play.

These young children of extremely high intellectual acumen fail to be interested in "child's play" for the same reasons that in adulthood they will fail to patronize custard-pie movies or chute-the-chutes at amusement parks. It is futile, and probably wholly unsound psychologically, to strive to interest the child above 170 I. Q. in ring-around-the-rosy or blind-man's-buff. Many well-meaning persons speak of such efforts as "socializing the child," but it is probably not in this way that the very gifted can be socialized. The problem of how the play interests of these children can be realized is one that will depend largely on individual circumstances for solution. Often it can be solved only by the development of solitary play.

What, if any, effect the habitual evocation of imaginary playmates, and the elaboration of the imaginary land, may exert on character formation and habits of adjustment in adulthood is at present unknown. Psychologists should study the hygienic aspects of these methods of finding satisfaction outside of the real world. Since gifted children are, as has been stated, on the whole a stable and rational group, perhaps no effects, or good effects only, result from this play of the imagination.

Special Problems of the Gifted Girl

It has been mentioned that gifted girls are less interested in traditional girls' play than are unselected girls. They show a preference for boys' books and boys' play, and a greater community of interests with boys than the generality of girls display. This merely means that girls of a high degree of intelligence are, as a group, more competitive, aggressive, and active than girls are supposed to be.

An illustrative case is that of a seven-year-old girl, of I. Q. 170, whose mother wished to learn from psychology how to break her child of being a "tomboy," and how to rear her to "be a lady." The mother complained that the girl had never cared for dolls, that she would not take an interest in her clothes, and that she wanted to do nothing after school but read or play "rough, outdoor games." "How," inquired the mother, "could I break her of the habit of climbing lamp-posts?" This child was active and competitive. When asked why she did not play with dolls, she replied, "They aren't *real*. The doll that is supposed to be a baby doll is twice as big as the one that is made like a mother doll."

Aside from their dissatisfaction with the play habits ordinarily associated with their sex, gifted girls have various other problems to face, which arise directly from the facts that they are able and that they are girls. When they reach the stage of life-planning, as they do very early, they are confused in their self-seeking by the uncertainty in contemporary customs as to what a girl may become. This difficulty grows less and less, to be sure, but is still genuine. The intelligent girl begins very early to perceive that she is, so to

speak, of the wrong sex. From a thousand tiny cues, she learns that she is not expected to entertain the same ambitions as her brother. Her problem is to adjust to a sense of sex-inferiority, without losing self-respect and self-determination, on the one hand, and without becoming morbidly aggressive, on the other. This is never an easy adjustment to achieve, and even superior intelligence does not always suffice to accomplish it. The special problem of gifted girls is that they have strong preferences for activities that are hard to follow on account of their sex, which is inescapable.

PROBLEMS OF CONFORMITY

Judgments of teachers and parents indicate that highly intelligent children are, on the whole, more easily disciplined than are children generally. Nevertheless, certain problems of discipline do arise, which grow out of their intelligence. First, in the case of the schoolroom situation, almost the only respect in which it is especially troublesome to discipline these children is in the matter of orderly discussion, when they are together in special classes. It is hard for them to maintain silence when ideas press for utterance. The tendency is for many to speak at once, each striving to outspeak the others. An atmosphere of confusion is thus created, unless discipline can be imposed. To hold his tongue, to listen quietly and respectfully to others, to speak according to some order of procedure, and to restrain disappointment at failure to be heard at all—these habits seem especially difficult for gifted children to form. Only gradually do these children learn self-government in this respect.

Also, it has been noticed during the experimental education of the highly intelligent that they sometimes tend to slight routine drudgery in favor of more stimulating and more original projects. The sheer drudgery involved in learning the multiplication table, for example, is likely to be waived in order to follow some absorbing story or experiment, unless conformity be urged from without.

At home, a special problem of discipline may occasionally arise, due to the circumstance that a child, while still very immature in years, has come to exceed one parent, or both, in intelligence. For the best discipline, *the parent must be more intelligent than the child* or the child's respect for the opinions of the former will inevitably be lost. With the most gifted children, this may quite early become a problem, since such children by the age of ten years or before are more intelligent than is the average adult. Very readily such a child perceives that in comparison with himself his parent is slow-witted and poor in general information. Yet in self-control and in experience of life, the child is still very immature. Thus quite unfortunate developments may ensue in the parent-child relationship. The child may become the director of the parent's activities, reversing the socially acceptable condition of affairs. Fortunately, in the vast majority of cases, at least one of the parents is a person of superior intelligence. We hardly ever find a very intelligent child in a home where *both* parents are average or below average in mental power.

Because he learns everything very quickly, the highly intelligent child is especially quick to discover what forms of conduct on his part bring him satisfactions. If the tantrum is rewarded by the parent with cookies, company, attention, or other childish delights, then the bright child may display even "bigger and better" tantrums than will those who are slower to learn. If illness brings

coddling, release from undesired responsibility, and other pleasures, then the quick learner will readily perceive the value of "headaches" and other aches as means to ends. On the other hand, the very intelligent learn readily to refrain from undesirable behavior that is followed quickly and inevitably by punishment. Two or three experiences usually suffice for these excellent learners. Neglect and ostracism are good forms of punishment for them. Darwin tells us that he was cured of telling sensational fibs, as a child, simply by the chilling silence with which they were always received by his parents.

One more problem may be noted here. There is with intelligent children a stronger tendency to *argue* about what is required of them than is found with the average child. This tendency to argue as to the why and the wherefore of a requirement is met both at home and at school, and calls for thought in proper handling on the part of parents and teachers. To find a golden mean between arbitrary abolition of all argument, on the one hand, and weak fostering of an intolerable habit of endless argumentation, on the other, is not always easy, but is always worth while as a measure for retaining the respect of the child.

PROBLEMS OF ORIGIN AND OF DESTINY

Early interest in origins and in destinies is one of the conspicuous symptoms of intellectual acumen. "Where did the moon come from?" "Who made the world?" "What is the very end of autumn leaves?" "Where did I come from?" "What will become of me when I die?" "Why did I come into the world?"

Although these questions rise vaguely and intermittently in the minds of children in general, they do not begin to require logically coherent answers until about the mental age of twelve or thirteen years. Then they begin to press more or less systematic account. From these circumstances of mental development, the erroneous idea has long been promulgated, even by psychologists, that *puberty* in some mysterious manner leads to the rise of religious needs and convictions. Since among people in general a "mental age" of thirteen years is, roughly, coincident with the age of pubescence, the two developments have been assumed to be causally related.

When we observe young gifted children, we discover that religious ideas and needs originate in them *whenever they develop to a mental level* past "twelve years mental age." Thus they show these needs when they are but eight or nine years old, or earlier. The higher the I. Q., the earlier does the pressing need for an explanation of the universe occur; the sooner appears the demand for a concept of the origin and the destiny of the self.

In the cases of children who test above 180 I. Q., observed by the present writer, definite demand for a systematic philosophy of life and death developed when they were but six or seven years old. Similar phenomena appear in the childhood histories of eminent persons, where data of childhood are available. Goethe, for example, at the age of nine, constructed an altar and devised a religion of his own, in which God could be worshiped without the help of priests.

Much could be said of the special problems of the young gifted child, in this period of immaturity, when his intellectual needs are those of an adolescent, while his emotional control and physical powers are still but those of a child. It would be of great interest to study the reactions of older persons to the insistent questions and

searchings of these young children. "You are too young to understand," "You can't know all that till you grow older," "You unnatural child!" are responses that have been heard incidentally, falling from the lips of undiscerning parents. A girl of eight years, of I. Q. 150, recently was heard to express a determination to join the "Agnostic Church," because she had asked, "What is it called when you can't make up your mind whether there is a God or not?" and had been told that this would be agnosticism.

Part and parcel of these questionings concerning origin and destiny are those concerning birth and reproduction. At a "tender" age these children ask for an account of sex and reproduction and suffer much at the hands of parents and guardians who are shocked at what thus emanates from the mouths of babes. Lifelong problems of mental hygiene may thus be engendered by parents who cannot understand why a child should be "so unnatural" as to weep, at six or seven years of age, over questions of birth and death.

In the same way problems of right and wrong become troublesome for these young children in a way that does not happen except for the very able. For instance, a six-year-old boy, of I. Q. 187, wept bitterly after reading "how the North taxed the South after the Civil War." The problem of evil in the abstract thus comes to trouble these children almost in their cradles, at an age when they are ill-suited to grapple with it from the point of view of emotional maturity. Special problems of mental hygiene are perhaps inherent in this situation, which do not arise with the generality.

General Considerations

The list of problems that we have suggested here does not by any means exhaust the subject under discussion. However, the writer believes that here are some of the more important problems of childhood that originate directly from the circumstance of a child's high intelligence. These problems of adjustment do not arise unless a child is intellectually gifted. They are conspicuous to the psychologist who studies children with "test knowledge" of them.

It is especially to be noted that many of these problems are functions of immaturity. To have the intelligence of an adult and the emotions of a child combined in a childish body is to encounter certain difficulties. It follows that, after babyhood, the younger the child, the greater the difficulties, and that adjustment becomes easier with every additional year of age. The years between four and nine are probably the most likely to be beset with the problems mentioned.

The physical differences between a child of six whose I. Q. is 150 and children of nine years, whose mental age corresponds to his, are unbridgeable, and so are the differences of taste, due to differences in emotional maturity. The child of six, graded with nine-year olds, is out of his element, physically and socially, but the same thing is not true of a sixteen-year old among nineteen-year olds. The difference between six and nine is very great. The difference between sixteen and nineteen is small, in terms of biological development.

Moreover, as the bright children go forward in school, they find work increasingly adapted to their powers by the automatic developments of the established curriculum. Senior high schools are, we have discovered, adapted only to adolescents of superior intelligence. Classmates become automatically more congenial, through being more highly selected. The dull bully,

with his crude horseplay, has left school, and in any case the gifted, being older, can defend themselves physically.

By the time a gifted person is physically mature, many of the problems herein outlined automatically disappear as problems. What after-effects there may be of the poor solution of these childish problems we do not know. Apparently these superior organisms tolerate well the strains put upon them by reason of their deviation from the average. However, that an organism stands strain well is no reason for putting or leaving strain unnecessarily upon it.

As the gifted individual grows to maturity, he or she can achieve control of his or her own life, and can dispense to a relatively great extent with inadvertent cruelties and mistaken efforts of uninformed official guardians. It is *during childhood* that the gifted boy or girl is at the mercy of guardians, whose duty it is to know his nature and his needs much more fully than they now do.

The Psychiatric Social Worker in Mercantile Life

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MERCANTILE life is one of the newer, although only one of the many, fields that have attracted or called for the art and skill of the psychiatric social worker. Only a few years ago, one could quickly enumerate the fields where she had established herself as an integral part of the professional group analyzing the problems of personality and behavior. With the passing of time, her scope of contacts with society has broadened until today you find her in schools, in courts, in hospitals, in health centers, in private practice as an aid to the psychiatrist, in industry, and in clinics specializing in personality and behavior difficulties. However, through it all it is apparent that she has gained points of vantage in dealing with social problems. The perfection of the technique of personality analysis and of treatment has repeatedly challenged the art of the psychiatric social worker, and to this she has given her best effort. Each time she has applied herself to a new situation, she has utilized the skill gained in the past, and has been alert to the potentialities of the adaptation.

Organization of Work

A mercantile establishment may be likened to a large community, with its population of thousands divided and subdivided into units, functioning, either directly or indirectly, in the interest of merchandising. Within the community there are traditions, customs, and a language strange to the newcomer. The understanding of departmental conditions and of the vast variety of jobs concentrated under one management is of paramount importance to her. These and all of the resources of the community must be studied in order that the whole community may be thoroughly understood and an effective relationship established.

We owe much to the late Dr. E. E. Southard, who conceived of the application of psychiatry, of psychology, and of psychiatric social work to the industrial field, and to Dr. V. V. Anderson, who has not only visualized the application but has also successfully and skillfully focused these sciences on personnel problems in mercantile life, in an environment receptive to his suggestions.

The organization of the conference office of R. H. Macy and Company is essentially similar to other psychiatric clinics, having coördinated the services of the psychiatrist, the psychologist, and the psychiatric social worker. Our medical service is received through coöperation with the medical department. The conference office is one of the divisions of the personnel department, the others being the training department, the employment office, and the social service department. The sources of reference to our office for study are varied and constantly widening. We have questions and problems referred to us from the general manager's office, from department managers and supervisors, from other divisions of the personnel department, and from the hospital. It is also interesting to note that a number of individuals personally apply to us for clinical study.

The functions of the conference office are teaching, clinical service, consultation, and research. Through the personality studies of individual employees, it renders direct service concerning such questions as transfer, job placement, and personality maladjustment; while to the individual employee it gives advice, guidance, and treatment of individual problems. Particularly for other members of the personnel department, it is a source of consultation on problems in case work.

Departmental surveys are a part of the program for research and may be briefly described as consisting of job analysis, individual personality studies, study of general departmental conditions, and a synthesis of all approaches. The survey is of practical service to the department requesting it, for it gives advice on personnel, reviews the organization of the department as a whole, and makes recommendations. There, too, the staff focuses its attention on the specification of job personnel qualifications. This formulation aims to give the picture of the ideal person to be sought for a certain job. These job personnel qualifications are made available to the Employment interviewer, who utilizes them in considering applicants. The conference office acts as a research laboratory for the employment department by carefully studying, for a time, applicants for certain jobs, and then, after careful analysis, giving to the Employment interviewer the essence of this accumulated information.

CONSULTANT TO OTHERS

The staff of the conference office meets a problem in education similar to that recognized by any other psychiatric clinic working in a community. We cannot hope to touch directly the hundreds of employees, but we aim to make ourselves consultants to others who are constantly in touch with individuals in the usual contacts of the working day; i.e., the Employment interviewer, the training department teacher, and the supervisors with varying breadths of contact. The psychiatric social worker is an integral part of this unit, and with her understanding of human relationships, is sensitive to the opportunities afforded her for giving to others the essence of her own specialized training and experience. The study of a specific case has far greater potentiality than the opportunity to discuss the motivation of one individual's behavior and the therapy to be utilized in treatment.

The psychiatric social worker as a member of committees functioning in the handling of personnel problems, is placed in the position of adding her contribution to the group's thinking. She also contributes to the personality study in various ways, by direct contact with the individual, by contact with his departmental environment, and by analyzing with the psychiatrist these findings and developing a plan of treatment. In her direct contact, she attempts to get a well-rounded picture of the individual's conception of his job, his analysis of his relationships with others, his attitudes, and his ambitions for the future. In this way, much is learned concerning the individual. It also offers the opportunity for treatment at the time of the initial contact. However, prior to this interview, the psychiatric social worker has made a job behavior investigation, which furnishes a picture of the individual's reaction to the job itself. In this situation, the technique applied is similar to that which a social worker would use in making a study of a child in school. Adapting the technique to the job situation, one formulates questions to disclose the job performance and behavior reactions. Just

as in the school situation, one must carefully evaluate information and use one's imagination in following leads, which point to further illuminating material. In making contacts in a department, data pertinent to the reaction of one individual become part of an accumulation of material and impressions pregnant with possibilities of throwing light on other situations which may arise in the same department.

The question will arise as to how an individual will respond to a study of this type. As a rule it is not difficult to establish rapport, since he is immediately told why he has been asked to come to the office, and is given an understanding of the purpose and the function of the organization. Usually, the simple explanation is sufficient, that we are attempting to get as clearly as possible an understanding of what he is like as an individual, in order that we may be able to fit him into the job in which he is interested, or in order to give the most helpful advice in placement, or in order to analyze the motivation of his reactions.

No matter why the employee has been referred to us, we always analyze job placement. Putting this question of placement in its most elementary terms, let us focus attention on the job specifications and job personnel qualifications, and then attempt to visualize the individual in relation to these. The process necessary for carrying out this plan is more or less complex. Some of the rudimentary processes in the analysis are indicated in the following case.

TYPICAL PERSONNEL PROBLEM

The individual in question was referred to the conference office for study to determine the desirability of transfer to clerical work. We found her to be a young woman of eighteen years, in fairly good health, though with a considerable number of consultations with the hospital for slight difficulties. The psychological tests showed her to have limited intellectual ability, though special tests showed fairly good ability to handle clerical work. Manual dexterity was also definitely indicated. In talking with her, we were immediately impressed with her naïveté, her poor sense of reality, and her poor insight. She was somewhat emotional and hypersensitive. Her appearance was childish and immature, more like a girl of fourteen years. Her interests were undeveloped and most of her time and effort outside of work hours were concentrated on completing a business course. She was a little discouraged, but had not lost her enthusiasm for this course, though she had not finished it after several years' work. She admitted freely that public school had been difficult for her, and that her graduation from grammar school had been retarded. Personal contact with her brought out nothing concerning her home environment that seemed to contribute to her problems. Her present job required dexterity, accuracy, and speed. The work was simple routine but did require contacts with others, mostly salesclerks. In general, her job performance was satisfactory, her production was good, and she made relatively few mistakes. However, she was inclined to get confused under pressure and to get somewhat upset. Her relationship with the salesclerks was not of the best, she was at times irritable and did not understand their point of view in transactions. In discussing her work and her job situation, it was evident that her reason for wishing a transfer to clerical work was based mostly on her desire to earn more money. She talked of her present job with enthusiasm, and showed pride and a real interest in it.

It would be impossible to give here the requirements for different clerical positions; therefore let us assume for discussion purposes that clerical placements require at least fair intellectual ability and fair to good ability in speed and accuracy. Some require good dexterity. The ability to make good contacts with people is a requisite of other placements, as is also an attractive personal appearance. Special skill in typing or stenography is an essential in some instances.

To return to the individual whose placement is being discussed, we asked ourselves such questions as, What has this individual to bring to a clerical placement? On what basis could a transfer be recommended? What about her present placement? In general, we felt that her intellectual ability and her personality were not well suited to placement in a clerical position and we recommended that she be retained in her present department. We suggested that she had assets to use in promotion within her department, such as dexterity, speed, and accuracy, sufficient for a simple routine position. A definite interest in her job was apparent, although she had very little insight into her difficulties. We indicated that placement in a small group, out of personal touch with the salesclerks, would alleviate the problem of personality relationships and at the same time would open up the opportunity of earning more salary.

RESOURCES UTILIZED

In the constructive treatment of individuals, the psychiatric social worker endeavors to utilize, to the fullest, facilities offered by a community. Looking at this large organization as a community, she finds such resources as a hospital, a social service department, a library, a recreational room, a men's club, a gymnasium class, cultural classes, a camp (used for both vacation and convalescent purposes) open the year around for the use of the employees at a nominal charge, an annual theatrical production, and legal aid. The training department offers not only instruction to prepare an individual to perform the job for which he was employed, but also gives many classes aiming to further his development.

There is an added facility in the employment department. From the point of view of using proper job placement as a constructive life experience, a psychiatric social worker in an organization such as R. H. Macy and Company has a distinct advantage in that she is closely in touch with the employment department and its ever-changing panorama of open positions. Another valuable asset is that the range of positions is so varied that there are opportunities for placement of a wide variety of types of individuals. There is a definite saving in time and effort, due to the fact that all of these resources, with the exception of the camp, are housed under one roof. A distinctly coöperative relationship and a spirit of mutual understanding contribute to the efficiency of the work. In the coöperative relationship that she has established with other members of the personnel department, the psychiatric social worker functions in a capacity similar to the coöperative worker in other agencies.

One of the most fundamental relationships of a merchandising establishment is that of the supervisor-worker contact. In a discussion of an individual's situation, the psychiatric social worker has the opportunity of sounding out the supervisor as to his conception of this relationship and of giving him an understanding of the constructive part he may play, not only by facilitating his subordinates' efficiency

on their jobs, but also in giving them a better conception of their social adjustment. There are many opportunities offered where one may give some application of such things as the psychology of success and failure, the outward manifestations of a feeling of inferiority, or the reactions shown by an individual who rejects authority. A constant effort to inculcate an understanding of the motivation and basic causes of individual problems is productive of results.

INTERPRETING BEHAVIOR

A personality study made of an individual referred because he was "acting peculiar," opened the way to interpret him to his supervisor, and to suggest remedial treatment to the department. The picture received of him in the department was that of an individual who appeared to be acting in a manner different from his custom, the change having been noted within the past few weeks. With his co-workers he had always been a rather poor mixer, and if thrown into contact with them, he was inclined to be loud and somewhat arrogant. Now he seemed less talkative, though he mumbled to himself irritably concerning his work, as he went about his duties. With his supervisors he had always played for attention, and had been very talkative. He had never been difficult to supervise, though it was appreciated that he had to be rather carefully managed. On his simple manual job, he now did his work in a listless way, though he was physically active and his production was satisfactory, though lower than formerly. His work required that he be changed about from one location to another, but this was not a new experience.

Clinical examination disclosed an individual of thirty-eight years, with personality difficulties and a health problem. He was underdeveloped emotionally, and therefore handled life situations in an immature way. He liked his work and had apparently gotten ego satisfaction from the performance of the actual job, and from being able to give information concerning location of department, merchandise, and so forth. His job had required contact with a succession of supervisors, and he assumed a critical attitude toward those whom he considered ineffectual in giving orders, or lacking in knowledge of data which he considered essential. He was a sensitive person, rather quick tempered, but likeable, and convincing. His home contributed to the load that he was carrying, not only because of the financial pressure but also because an invalid brother in the home had for years received a major proportion of attention. The psychological examination revealed that he had dull average intelligence, and only poor ability to grasp instructions. His total behavior must be considered in the light of his physical condition, which we considered only fair. There was a history in past months of grippe, bronchitis, and more recently of an abscess on the neck. He complained of tiredness, irritability, eyestrain and some insomnia. It was only after analyzing the whole personality that we were in a position to recommend a plan of treatment. Continued care by the hospital would undoubtedly do much to improve this individual's health. His personality presented some difficulties from the point of view of placement and adjustment to work. We suggested to the department that he be transferred to an individualized job which would appear to set him slightly apart from his co-workers. We also felt that he would probably work best in a job requiring little actual supervision, and where he would feel

himself responsible to one supervisor. The advisability of giving to the department an understanding of this individual is apparent. This interpretation and the specific recommendations thereby became molding factors in the plans made by the department for the individual.

FITTING WORKERS TO JOBS

In dealing with personnel, one may assume the attitude that in general, every one has the potentialities of fitting into a given job with an efficiency theoretically one hundred per cent. Placement in a job is considered not only on the basis of such qualifications as intelligence, dexterity, accuracy, and so forth, but also on the basis of emotional factors. A job has possibilities of being the source of emotional satisfaction and constructive personality development, as well as of financial security. Careful placement utilizes an individual's assets and recognizes his liabilities. Both to the organization and to the individual, it is unfair to ignore either. There are several reasons for assuming this attitude. Success is a stimulus, and efficient placement tends definitely to produce success. In a merchandising establishment with the policy of promotion from within, an individual who is properly placed is not only performing his present job well, but is developing, and preparing himself to assume other, more complex responsibilities. A job to which he is unsuited results in a loss of time not only for his organization but also for himself. It may produce poor habit patterns, and it deprives him of the ego satisfaction that could be derived from work well done. It is apparent that employer and employee are mutually benefited by suitable placement.

The personnel of an organization of the future rests largely upon the selection and the development of individuals. It is therefore highly important that capable persons should be given further opportunities to advance, in order that as time rolls by, heavier responsibilities may fall upon their shoulders. We feel therefore that the study of an individual for transfer or promotion is of extreme importance.

Several months ago, we studied and recommended for transfer to sales-clerk an individual whom we felt capable of handling the job. Briefly described, a selling situation demands an alert, aggressive, dependable, responsive person who is convincing, and capable of making effective contacts with customers. Since it is necessary that one should stand a considerable period of the time, one should have plenty of physical energy in order to meet the constant demands for service. Speed and accuracy in handling the making out of the salescheck and in caring for merchandise are also of definite importance. The individual whom we considered capable of selling, met rather well these qualifications. She was an attractive girl who immediately created a favorable impression by her appearance and her personality. She talked well and interestingly and seemed to have very good insight into problems which she was meeting. Her interest lay definitely in selling. In her present department, she was conscious of the fact that she was older than some of the other girls with whom she was associated. Although she had "worries," we were convinced that she would find selling so interesting that she would not be likely to lose touch with her job. Her home situation she described as being fairly happy at the present time, although she vividly recalled the insecurity she had experienced during childhood. A study of her behavior in the positions that she had been filling since coming into

the organization convinced us that she had displayed the qualities desired in good salesclerks. Further contacts with the department to which she was transferred showed that she was handling, in an exemplary manner, the job that she was ambitious to fill.

In selecting individuals for promotion to executive positions, the same technique is applied. Over a year and a half ago, we studied an individual, then a salesclerk, with regard to her fitness for promotion to a position as head of stock. She has had several promotions since then, and has continued to assume more and more responsibilities. At the time we studied her, we recognized her superior intelligence and her ability to learn and to grasp situations. Her personality make-up was that of an extrovert. Her mind was alert and keen, and in her work she was active, aggressive, energetic and very observant. Her contacts with others were effective. We discovered no emotional difficulties to interfere with adjustment. She was very much interested in her work and was ambitious for the future. After graduating from college she had come directly to this organization.

CONCLUSION

It is appreciated that the case material presented is entirely too limited to do more than to give some suggestion as to breadth of the problems faced in clinical study and to give some appreciation of the application of our technique. Psychiatric social work in this field is yet in its infancy, but we feel that it has much to contribute, as well as to gain. Let us consider the type of individual that we think would be attracted to this kind of work, and be best fitted for performing it. Considering the field as a whole, it would be unwise to attempt to define the place that she may make for herself in the future. It is a new field, and much depends on the individual, her vision and her adaptability. The fact that the job itself is not well defined and is still in the pioneer stage, adds to the challenge. It is felt that the psychiatric social worker, having an understanding of the mechanisms of human behavior, will no doubt assume her share in adapting her skill or technique to the requirements of mercantile life. She will of necessity have to know the philosophy of the organization, its policies and the eddies and currents in its public opinions, and she should have a breadth of social work experience in which some emphasis has been placed on intensive treatment. In certain respects, this job is essentially different from many positions now held by the psychiatric social worker in such agencies as hospitals, clinics, schools, child guidance clinics, and those dealing with specific family problems. At the outset, insight into an entirely new language and community has to be developed, and then one's skill is tried by the particular problems encountered. Added to the opportunity of analyzing the personality make-up and the potentialities of an individual for a given job and the analysis of the job requirements to fit the individual's needs, there is the opportunity of applying constructive treatment to individuals who may be misfits in their present jobs, have personality problems, or need placement or vocational guidance. In a large organization like R. H. Macy and Company, a study of the wealth of research material which it affords should add to the efficiency of the organization itself and should be a contribution to the field of social work.

Community Control of the Feeble-minded

By Edgar A. Doll, Ph.D.
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FOR eighty years, strenuous efforts have been made by practically all the states of the Union for the institutional care of the feeble-minded. This work has been successfully prosecuted in relation to a fundamental need, and during most of these years, has received general support.

This zeal for institutional care of the feeble-minded has not been accompanied by equally successful efforts in the direction of community prevention and control. Attention has, indeed, been called to the hereditary aspect of feeble-mindedness, to the unhappy consequences of the unsupervised feeble-minded in the community, to the very serious menace of strikingly degenerate stocks, such as the Kallikaks, the Sam Sixties, the Ishmaelites, the Nams, the Win tribe, and others. Yet no one imagines that *all* the mentally defective members of these families can or should be cared for in public institutions. We must, therefore, address ourselves more vigorously to the development of a program of more complete control, in which institutional care will have a dominant place, but with respect to which community care must be recognized as a larger issue from the standpoint of the number of persons concerned.

Number in the Population

For many years we have been teaching that no fewer than four persons per thousand in the total population are feeble-minded. These are the early figures of Fernald, Tredgold, and the British Royal Commission. They have been widely quoted as conservative estimates. However, every extensive survey of reasonable thoroughness in this country has shown at least ten feeble-minded persons per thousand of the general population. Such surveys have been made for representative districts, representative counties, and even for an entire state.

Some authorities have believed that these survey estimates are absurdly high because of the standards employed; but the estimates are confirmed from other sources. The report of the Surgeon General of the Army [1] showed for the country as a whole an average of twelve men per thousand rejected by camp and local boards because of mental deficiency. The army medical examiners believed that these men were not sufficiently normal to succeed in any capacity in the U. S. Army, although it is well known that certain branches of the draft service undoubtedly contained high-grade feeble-minded who were successfully adjusted and useful in the army.

It is very likely that these figures conservatively represent the existing situation, for it is generally recognized that feeble-mindedness is more frequent, or at least is more readily detected, in children of school age than among adults. This comparatively greater frequency in children is perhaps in part accounted for by the comparatively early mortality of the feeble-minded, which, for the institutional feeble-minded, is approximately twenty years as compared with over fifty for

[1] "Defects Found in Drafted Men," 1920; published under the direction of Surgeon General Ireland, with the assistance of Dr. Albert G. Love and Dr. Charles B. Davenport, both majors in the United States Army Medical Corps.

the normal population. The percentage of feeble-mindedness in children of school age has been more accurately established than is the case in surveys of the general population. The school surveys are more complete, since practically all children attend school, while it is difficult to "round up" all the mentally deficient adults in the general population. The school surveys are also more reliable, in that their conclusions are based on more direct and more precise data.

At any rate, the school surveys on the whole have shown that, per thousand children of compulsory school age, no fewer than twenty are mentally deficient, at least to such an extent that they conform to the definition of the British Mental Deficiency Act. Careful analysis of the results of mental measurements of the children studied in these surveys indicates that a conservative standard has been employed and that most investigators, fearing their own figures, have deliberately cut the figures to what they consider an irreducible minimum.[2]

Many authorities believe that mental deficiency, like insanity, is on the increase. This conviction is probably due in part to an increased interest in mental deficiency and in part to more accurate methods of detection. It is probable also that the increasing complexity of our social organization tends to make mental deficiency more obvious because of the greater difficulties of successful adaptation. On the other hand, mental deficiency may actually be on the increase because of current welfare conditions which make survival of the unfit more likely and which, in conjunction with the apparently greater fecundity of the feeble-minded as compared with the normal, actually may be producing an increasing percentage of deficiency.

It is unnecessary to emphasize here the very important relation of feeble-mindedness to other social problems, such as delinquency, crime, prostitution, pauperism, unemployment, illegitimacy, child neglect, and the like. The feeble-minded parent is a poor parent not only biologically, but also from the point of view of environment and education. Besides being unable to give his children a normal endowment, he still further handicaps them by his inability to provide them with suitable home training and educational advantages.

Institutional Care

In spite of the gratifying development of institutional care for the feeble-minded in this country, it must be evident that only a small part of the total problem of feeble-mindedness is being met in this way. No state has been able to make institutional provision for more than one tenth of the total number of feeble-minded, if the above figures may be accepted.[3] If one prefers to accept the more conservative estimate of four per thousand instead of ten per thousand, then no state is now providing for more than one fourth of the estimated number. To be sure, many feeble-minded are

[2] Kuhlmann, for example, found an average of 47 children per 1,000 of school population in the state of Minnesota with I.Q.'s below 75. The figures for eight different towns ranged from 24 to 80 per 1,000. Probably not all of these cases were feeble-minded, but it would be safe to assume that perhaps half of them were.

[3] Returns from the Census Bureau show that the number of resident patients in state institutions for feeble-minded and epileptics in 1927 varied from 120 per 100,000 of the general population in Massachusetts to 2 per 100,000 in Georgia, with an average for thirty-six states of 54 per 100,000. Unfortunately, separate figures for the feeble-minded alone are not available. Massachusetts is the only state reported which shows more than one tenth of one per cent of both feeble-minded and epileptics cared for in institutions. See *Welfare Magazine*, 18: 60–61, Dec., 1927.

being cared for in jails, correctional institutions, almshouses, hospitals for the insane, and other types of institutions. The total number of such cases is difficult to estimate, but would probably not double the number specifically provided for in institutions for the feeble-minded. Presumably, therefore, the vast majority of the feeble-minded are at large in the community. No doubt many of these individuals are receiving, or have at some time received, charitable assistance and community supervision of some kind; but such assistance is not provided as part of an organized program of complete control. It is very likely that many of these feeble-minded not in institutions drag out a miserable and incompetent existence which menaces the welfare of the communities in which they reside.

It follows that many of the feeble-minded are getting along somehow "on their own." They may not be assets to the community and yet they perform types of work which normal persons perform only when absolutely necessary. Apparently many of these feeble-minded are more or less law-abiding and more or less self-supporting. In New Jersey, for example, the percentages of feeble-mindedness in state correctional institutions are progressively less as one goes up the age scale of crime. Thus, in the New Jersey State Home for Boys, approximately 30 per cent of the population is feeble-minded; in the New Jersey Reformatory, approximately 15 per cent; and in the New Jersey State Prison, approximately 8 per cent. It would be interesting to know what becomes of the feeble-minded juvenile delinquent when he is paroled from the institution, and of the feeble-minded young man who leaves the reformatory.

However, the fact that the feeble-minded person is only occasionally haled before the court for rape, arson, illegitimacy, nonsupport, or other causes, does not signify that the feeble-minded who are at large are not an actual menace or burden in the communities in which they reside. All state and county surveys have clearly pointed out the serious menace of the feeble-minded who are at large in the community. Yet, most of this menace was not recognized prior to the surveys and in most instances has not yet been met. Surely no one supposes that all the Kallikaks, the Sam Sixties, the Nams, and the others of their kind are now being cared for as their conditions at the time of the surveys would seem to have made advisable.

Neither does any one suppose that these families, concerning whom for the most part nothing appreciable has been done since the time of the surveys, have changed their mode of living. In New Jersey, for example, a second survey of one such situation after a period of ten years showed no appreciable change and certainly no marked improvement.[4] The superficial form of the problem was indeed different, as a result of certain striking changes that had taken place in that community as a whole; but in general, the situation was either the same or worse. Improved transportation had scattered these defectives to other districts where they were less easily recognized, but no more successful, and where they were mating with normal stocks. Modern conditions had introduced prosperity that had somewhat alleviated the poverty and the misery of their lives, but that did not increase their social value or adjustment.

Indeed, it is only natural that as the community as a whole progresses, the

[4] See *The Problem of the Feeble-minded in New Jersey*. Prepared by the Research Department of the Training School at Vineland. Trenton, New Jersey: State Department of Institutions and Agencies, 1928.

less intelligent members will profit least from such progress and, although the general level of their social condition may be somewhat raised, their comparative status in relation to the community as a whole is found to be even more subnormal than before.

SOCIAL TYPES

A comprehensive program for more adequate care and control of the feeble-minded, using both institutional and community resources, should be based upon the various factors involved. The feeble-minded vary among themselves according to age, sex, degree of self-help, occupational or industrial skill, behavior adjustment, social conformity, parental responsibility, and numerous other considerations. The following classification is presented as a tentative grouping of the various social types, with suggestions for dealing with them from the standpoint of institutional, community, and state welfare.

1. *Helpless low-grades.*—In this group we include the idiots and low-grade imbeciles of either sex and any age who are relatively helpless from the standpoint of personal functions, self-help, and safety. These children require permanent assistance in the simplest affairs of everyday life. They are not contributing members of society and cannot be trained to become so even in limited degree, except under conditions of constant supervision. Many of them are vegetative, others are active. All of them are burdens on their families; a few may be active menaces because of misconduct which is more uncontrolled than malicious.

These individuals cannot be cared for in the community except in their own families. They will usually require institutional care in order to relieve the family of a burden which it cannot economically assume and which frequently threatens the family welfare. However, we must recognize that some families are financially and otherwise able to provide suitably for such children and in many instances insist upon doing so. The final wisdom of such a decision must be left to the family, but certainly if the family cannot reasonably make such provision under all the circumstances, then state care should be available for this group.

2. *Unadjusted high-grades.* — This group is made up of high-grade imbeciles and of morons, of either sex and any age, but chiefly children, who are behavior problems and who cannot or do not learn to conform to the minimum conduct standards or adjustment standards of the community in which they reside. As children, they disrupt the regular and special classes at school, are a menace to the conduct and morals of other children, are more or less constantly in trouble, and disturb the family, the school, or the community too seriously to be tolerated as community problems.

Assuming that these behavior problems are so serious that the family cannot or should not attempt to control them, and assuming further that no permanent correction of the behavior disorder can be accomplished by social, educational, or medical means in the community, these children should be classified for institutional care, and preference should be given them for institutional commitment because they constitute an active menace to the community. It is possible, however, that under special conditions of training in an institution, some of them may, after a period of years, become sufficiently adjusted to be restored to the community with a reasonable prospect of success, such restoration to be temporary or permanent according to the character of the adjustment, and with due regard for their reproductivity.

3. *Physically handicapped high-grades.*—In this group we include persons of either sex and any age who might reasonably be adjusted under community conditions except for some disabling physical handicap which, in combination with feeble-mindedness, constitutes a problem greater than can ordinarily be handled in the community or in the home. It would have to be determined in each instance that the physical handicap is sufficiently grave to make the difference between sinking and floating in the community. It is possible, however, that some of these individuals might be cared for in their own families rather than in institutions if the family situation is such as to make this possible or advisable. However, institutional provision should be made for such of them as cannot reasonably be taken care of in the home or in the community.

4. *Well-adjusted young high-grades.*—In this group we include the young high-grade feeble-minded, of both imbecile and moron levels and of both sexes, who, because of good attitudes and stable habits, offer a reasonable prospect of successful social adaptation after special training. These are the special-class types that can be cared for in their own homes or in the community if suitable home conditions are or can be provided, and if special-class training of the right sort is or can be made available. In regard to this group, attention is called to the importance of the environmental situation in relation to social adjustment and potential mental hygiene problems. In rural districts, it will usually be difficult to provide the special-class training necessary for their ultimate social adjustment. Priority should, therefore, be given to rural communities in admitting such children to institutions. The majority of them who are committed can probably be paroled with a reasonable prospect of success at maturity, with concern only for the reproduction of their kind.

5. *Well-adjusted older high-grades.*—This group includes the same types as the preceding group except for increased age. The same general principles apply, particularly with reference to substituting institutional training for special-class training where the latter has not been previously available. It is assumed, however, that these feeble-minded are beyond special-class age and are making a reasonably steady social and industrial adjustment. They should, therefore, be registered with state or community agencies and cared for under a program of benevolent supervision designed to prevent the need of institutional care and to keep them personally and economically well adjusted. This group undoubtedly comprises a very large number of the feeble-minded not now in institutions.

Attention should be called to the hereditary problem in this group with reference to the advisability of controlling their reproduction. The feasibility of temporary institutionalization of the adolescent and adult males and of females of child-bearing age is an important question. It should soon be practicable to sterilize such cases where sterilization is advisable and proper, either after a period of temporary institutionalization or by legal consent without institutionalization. The institutional care of this group must be thought of in relation to the numbers involved, which are undoubtedly very great.

In case sterilization of these feeble-minded is impracticable, a program of paternal public health supervision should be provided by the community through suitable public health agencies. In rural districts, the advent of the county general hospital, with its county public health field service, is perhaps a

possible means of community supervision. These individuals and families present a persistent problem of public health to the community from the standpoint of sanitation, communicable disease, and public morals. Probably the reproductive and moral aspects of the problem could be handled in large measure through supervision.

6. *Aged high-grades.*—We include here the comparatively senile or industrially incapacitated feeble-minded of both sexes above, perhaps, forty-five years of age. It is generally recognized that the feeble-minded retain their youth longer, but enter their old age earlier, than is the case with normal persons. A complete program for community control and prevention of feeble-mindedness must, therefore, consider the charitable and relief aspects of the older adult feeble-minded in the community.

Some of these can be cared for in their own families or perhaps even by their own children without detriment to the community or the family. Many of them, however, will be dependent upon the community for support. It is inadvisable to commit or recommit such persons to institutions, because such care is too expensive in relation to their needs. In communities in which the almshouses or poor farms are or can be made effective branches of community welfare programs, these individuals would probably comprise a special group in the community home for the aged.

7. *Clinical types.*—In this group we include the more or less remediable clinical varieties of mental deficiency not included among the helpless low-grades and the physically handicapped. This group, therefore, contains orthopedic complications with feeble-mindedness, endocrine types, remediable birth injury associated with deficiency, and perhaps degenerative conditions, such as congenital syphilis, epidemic encephalitis, and the like. Few of these individuals can be properly cared for in their own homes. They should, therefore, receive institutional hospitalization with treatment as well as training during the period in which medical measures might be effective. Some of them will respond to treatment and training, while others may become progressively worse in spite of modern medical methods. The unimproved could properly remain at the institution, while those who had improved sufficiently might be returned to their homes or to the community with some prospect of social success, either temporarily or permanently.

8. *Psychiatric types.*—This group consists of the epileptic, the psychopathic, and the otherwise mentally disordered feeble-minded—cases in which psychopathology, added to the feeble-mindedness, makes it impossible to care for them in the community. We might also include here defective delinquents whose maladjustment may be rather the result of psychopathic conditions than of simple deficiency alone. These individuals cannot usually be adjusted in the community or in their own homes. They might be committed to mental hospitals, to institutions for epileptics, or to institutions for the feeble-minded, but they do not classify successfully in any of these institutions and are best cared for in special institutions designed particularly for the psychopathic feeble-minded and the defective delinquent. Some of them may be expected to respond to medical treatment and training with a prospect of returning to the community or of transfer to an institution for the simple feeble-minded.

FEATURES OF PROGRAM

For many reasons the institution should exercise leadership for the com-

plete program of care, training, and supervision of the feeble-minded, a leadership that it may well share with state departments of welfare and with organized community agencies.

The institution should further be a laboratory for the study of all problems of mental deficiency, a community center and source of information and guidance in related problems of feeble-mindedness, a clearing house for the classification and reclassification of committed cases or cases temporarily received for observation and diagnosis, and a center for promoting registration as a state or community function. We have known for a long time that feeble-mindedness alone is not a sufficient cause for institutional commitment. The institution is called upon when there is some factor present in addition to the feeble-mindedness, such as personal helplessness, family situation, delinquency, or other circumstance.

Eugenic sterilization as a measure for controlling feeble-mindedness is hedged about with many difficulties, legal, social, religious, and diagnostic. The importance of eugenic sterilization has long been recognized and seldom denied. In order to promote a practical program for sterilization, it therefore becomes necessary to evaluate dispassionately the many objections to such a program and to overcome these difficulties on a rational basis, conserving all the interests involved.

There is ordinarily but little eugenic value in the sterilization of the low-grade feeble-minded, who rarely mate and who seldom present sexual problems. There is eugenically no advantage in sterilizing the non-hereditary types. There are numerous technical difficulties in establishing the hereditary nature of feeble-mindedness where both parents are not themselves feeble-minded. There are objections to sterilizing borderline cases which may present frank problems of diagnosis. The feeble-minded female is eugenically more of a menace than is the feeble-minded male, since in practice, the feeble-minded girl may mate indiscriminately with either normal or feeble-minded men, whereas the feeble-minded man seldom mates with normal women. Eugenic sterilization in the male is comparatively simple, but in the female, sterilization is a major operation. Nevertheless, eugenic sterilization of both sexes should be practiced as far as is feasible in the light of these difficulties, bearing in mind with reference to doubtful cases that the feeble-minded make poor parents environmentally as well as biologically.

Special classes for the feeble-minded constitute one of the most important means for the control of feeble-mindedness as a community problem. The special classes receive large numbers of children who cannot or need not be committed to public institutions. They receive children at an age when training and habit formation are most effective. They assist in stabilizing these children while of school age in the community, thereby anticipating their adjustment in the community as adults. The special class should be a registration center for the feeble-minded of school age and should report all cases, both on admission and on completion of schooling, to the state board of education and through it to the state department of welfare or to the state institutions. Like the institution, the special class should be an educational laboratory, a clearing house, a demonstration center, and a basic means of correlation with institutional, state, and community welfare agencies.

At the present time, parole is generally viewed as a means of permanent release from institutional custody. It

should rather be regarded as a means of community care and supervision for those feeble-minded who need not be cared for in institutions. It should more fundamentally be considered a period of probation similar to that which would obtain for all the feeble-minded not in institutions who would, under this program, be registered with, and under the supervision of, state and community welfare agencies. In other words, institutional parole should be viewed as an extended vacation, and the individual should be continued on such temporary release only so long as his adjustment warrants. Probably such a system of probation and parole for the feeble-minded could be best conducted through a centralized state parole bureau, coöperating with other state agencies, with community agencies, and with public institutions. Under such a plan, the paroled feeble-minded would be considered the responsibility of the state and the community as well as of the institution.

This entire program should be supplemented by the development of community mental clinics for the early diagnosis and classification of referred cases. Such clinics should coöperate with the public schools and with all community agencies as well as with public institutions for the initial detection of cases referred through the basic agencies. Such a clinic could act as a clearing house for all the feeble-minded from that community and as a local registration center for the district. It should further be a community center for advice to the community agencies and to individuals for the best placement of persons referred to it for consultation.

CONCLUSION

In short, the public institution is by no means the only conceivable method of providing custody, supervision, or training for the feeble-minded. It is not the only agency that the state could develop in a more comprehensive program of control for the feeble-minded. We have perhaps been somewhat shortsighted in advocating permanent institutional care for all the feeble-minded, and we have largely ignored the fact that such a program probably has not been, cannot, and should not be our principal goal.

The institution is the obvious present point of departure for developing an adequate program. It has the prestige, the vision, and the professional personnel to support this more comprehensive control of mental deficiency. It should assume leadership in assisting the state and the communities to develop non-institutional resources in correlation with the institutional program. It should promote a coöperative attack on the entire problem in order that all the feeble-minded may be dealt with more intelligently and more comprehensively.

Child Guidance Problems in Rural and Village Communities

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THE ways in which child guidance problems are to be met in rural and less populous communities in the future merits careful consideration. The question cannot be avoided, as publicity is such that schools and local authorities must take steps to meet public demands for this work. A discussion of the problem must include not only the clinic, but also the facilities for child guidance and supervision in the community. The clinic cannot function alone as a diagnostic and treatment center. Facilities are needed in the schools, such as special classes, visiting teachers, and so forth; in the community, welfare workers, placing-out agencies, supervised playgrounds, and summer camps are necessary. The clinic cannot succeed without the active support of the community in affording these facilities.

Ninety years ago, during the time of such pioneers as Horace Mann, an educational movement existed in this country which demanded free schools and an opportunity for an education for every child. The last three decades have seen a movement toward specializing in the educational and welfare needs of children.

This effort accounts for ungraded classes in the schools, which have followed the pioneer work of Itard, Seguin, and later, Montesorri, Binet, Terman, and others. The visiting teacher idea is a beginning by the schools to meet the demands for social work. This child welfare activity has resulted in the establishment of children's courts in practically every state in the Union within the last thirty years. The child guidance clinic, therefore, is only one part of a broad movement and should be considered in connection with certain other activities.

Ungraded Classes

In respect to ungraded classes, these have gradually increased, at least in New York State, since the law establishing them was enacted in 1917. Our experience indicates that the ungraded class is of much value. Children develop and improve as the result of this special attention, so that at the age of sixteen they are better equipped to do some kind of work in the community and to take part in social life. Their handicaps are less in evidence as a result of this training.

The ungraded class has also led to the introduction of manual education in the schools. Thus, children in the regular classes have the advantages of an enriched curriculum and of manual and vocational training.

Psychometric tests are necessary for assignment to the ungraded class, and have resulted, in many schools, in grading the children in accordance with their intelligence and mental capacity. This is very helpful. A common experience in clinics is to examine a child in the first grade who is not doing well in the class. The reason for the failure often is that the child, although six years of age, is not ready for first grade work

but has the mental development suitable for the kindergarten. Such a child is often nevertheless promoted, and this step lays the groundwork for much difficulty later on, which might have been avoided by proper grading in the beginning.

The ungraded class teachers have a state organization and regular meetings are held, although the training of these teachers is not yet fully organized.

The visiting teacher movement is a comparatively recent development and there are few visiting teachers in rural districts.

The school nurse is now found in many rural localities. Her duties chiefly consist of looking after the physical welfare of the children and she has little opportunity for child guidance or follow-up work.

An important advance in many localities is the interest in parental education concerning children of the preschool period along habit-training directions. Parent-teacher associations, teachers, and nurses often request lectures on this subject. Fortunately, it is a topic which can be taught quite readily, and illustrative cases are always at hand. This movement seems to offer a most favorable means of giving parents instruction in child guidance.

PSYCHIATRIC WORK

Psychiatric work in the schools has also been attempted. In at least six cities of moderate size in New York State, a psychiatrist has been appointed as school physician, partly to carry on child guidance work. In most of these instances the psychiatrist has had many other duties, including physical examinations, so that he has had little opportunity for child guidance work. However, in two or three instances a progressive program has been put in operation.

The general trend is apparently to adopt child guidance principles as demonstrated at the clinics. These principles, however, are being introduced piecemeal, and often independently of each other. The movement in the schools appears to be an unconscious evolution rather than a consciously directed activity from any coördinated center.

An outstanding lack in many schools is in respect to psychiatric service. The more strictly educational problems may be managed by development of facilities within the school, such as special classes and special teaching personnel; but more serious problems, disorders of development of personality, delinquency, and peculiarities of conduct, require psychiatric consideration.

In the beginning, an effort was made to have teachers do the psychometric examining. This was soon found to be impractical. Again, the psychologist in some instances has attempted to direct the management of various types of conduct disorders and disciplinary problems beyond the province of psychology alone. The fallacy of this attempt has been demonstrated.

Special teachers to undertake vocational guidance have been appointed in some schools. The duties of these specially designated teachers are not very well defined. It is doubtful if they can satisfactorily manage problem cases without assistance from a child guidance clinic.

In the larger cities these special activities, namely, the ungraded classes, the psychometric examining, and the visiting teaching, are at times grouped under one head called a child study bureau. This is the culmination of these activities, and where psychiatric facilities have been added, as seen in Rochester, New York, the work of the bureau has been greatly strengthened.

TYPES OF RURAL SCHOOLS

It should be recalled that outside of cities there are three main types of schools. There is the strictly rural school which may consist of one room. The children are all under one teacher and there are only a few pupils in each grade. An ungraded class cannot be established and is not necessary in a school of this type. Special problem cases arising in districts where such schools are located should have the services of a child guidance clinic in the vicinity, and the assistance of a visiting teacher, a school nurse, and such special training as the teacher can give.

A consolidated school is one in which a number of districts have combined to conduct a school. It draws children from a comparatively large but sparsely settled district. Some of the consolidated schools have a number of teachers and classes. In these it is possible to organize ungraded classes with special facilities and to grade the children according to their mental development.

In village schools, both elementary and high school instruction may be given in the same school. Some of these are sufficiently large to permit the formation of an ungraded class, if necessary, and likewise to have a visiting teacher and a school nurse.

ACTIVITIES OUTSIDE THE SCHOOL

Child guidance problems are about equally divided between the schools and the remainder of the community, if the New York State clinics may be taken as a guide. At these clinics fifty-four per cent are referred by school agencies, and forty-six per cent are sent by other agencies, such as children's courts, county welfare agencies, physicians, parents, and so on.

In most counties in New York State there is a children's agent. She looks after the destitute and needy children of the county, provides boarding homes, places children for adoption, arranges for commitment to institutions, and does follow-up work. She is at times the children's court probation officer as well. She is often the chief worker in rural districts who handles problems of this kind. Probably a similar worker is found in the counties of other states.

Children's courts have been established in most rural counties. They possess few facilities for diagnosis, and the judge and the probation officer are generally pleased to get assistance from outside sources. One of the children's court judges told the writer recently that methods used in the child guidance clinic in sizing up any given case were of great value to him in handling his adult court cases as well. This is probably the experience of others, as the children's court judge and the probation officer in rural counties function also in the court for adults.

In the larger communities there are children's welfare societies independent of those directed by the county or the cities, such as church organizations and local clubs that do follow-up work with children. Connected with these may be private institutions caring for delinquent and dependent children.

The county health nurse and the Red Cross nurse are taking an increasing interest in child guidance problems. Up to the present, their duties have been chiefly directed toward the physical health and welfare of the child.

In all of this children's work in rural communities directed either by the county or privately, there is an increasing demand for psychological and psychiatric service. Psychiatric examinations of children are frequently requested from orphanages or institutions for dependent or delinquent children. Some of the larger institutions for

delinquent children have established their own child guidance work.

NEED FOR CLINICS

From the above survey of child guidance facilities in communities, two outstanding facts are evident. One is that facilities are developing in many districts in the way of special education, special guidance and supervision to meet children's needs, although these are often very inadequate. The other fact is that child guidance clinics as diagnostic, therapeutic and educational centers, do not exist in the less populous localities.

There are a number of reasons for this latter fact. Child guidance clinics are comparatively new, the expense is considerable, and the community itself often does not have the necessary facilities to support such a clinic. Likewise, it is difficult to obtain suitable personnel.

To meet the need, New York State, as well as several other states, has furnished this service. The clinics have psychiatric, psychological, and psychiatric social worker service. In New York State these clinics are held monthly in about one hundred localities. They are conducted to meet pressing needs and so they have to function in a manner different from that of the demonstration clinics. All types of cases are seen. In a considerable percentage of the cases one or two visits are sufficient; namely, in cases for commitment to institutions for mental defectives; in cases for adoption where a routine psychiatric examination is desired but where the child is normal; and in cases for placement in an ungraded class where there are minor school difficulties only because of improper grading, and so forth. In these instances, the monthly clinic meets the need in a reasonably satisfactory way.

In another group of cases, this monthly service is inadequate. These are the genuine problem cases where the child is suffering from maladjustments and conflicts, where the family situation is unsatisfactory, where neighborhood conditions are bad, and so forth. A case of this kind from the psychiatric standpoint is comparable to a case of acute tuberculosis in the medical sphere. Restoration in each case depends upon exact and intelligent methods employed over a long period of time. Some well-trained person in the community is required to follow up these cases and to direct the treatment.

RECOMMENDATIONS

This concludes our summary of child guidance facilities, as we know them, in the less populous districts. Some of the favorable developments as well as some of the weak points have been indicated. A desirable plan would be for the counties or cities to establish permanent child guidance clinics in the more populous communities. This may be expected in the future. Such clinics should serve both the general community and the schools, and should reach the outlying districts as well, as children could be brought from considerable distances by modern transportation; or clinics might occasionally be held in outlying districts. There will always be sufficient work for the state to do in remote places and in demonstration of methods without an attempt on its part to carry out intensive clinic work in large cities. Up to the present, these local efforts have been comparatively few, but in some of the larger counties beginnings have been made.

The supporters of the child guidance clinic movement should feel grateful for the results already obtained. These results have not always been in the establishment of new clinics; there have been many less tangible results as

shown by added facilities and a growing popular interest. Our prediction is that the coming years will see child guidance clinics in many communities, and great benefit through varied education, manual training, and vocational adjustment in the schools. The result will be social supervision and guidance in the communities for an increasingly large number of children.

Mental Hygiene Functions of the Public Health Nurse

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THE keynote of the modern public health movement is education. The dominant motive in the present-day campaign is the education of the individual in the practices of personal hygiene. It is "only by spreading a clear knowledge of the ways in which disease spreads, and the ways in which it is prevented, among the mothers who bring up the babies and the men who pay rent in the tenements and work in the stores and factories" that the results for which all health workers are striving may be achieved.[1]

The teaching function of the district nurse was recognized and stated by the first organized nursing agencies. The Community Health Organization of Boston was started as "The Instructive District Nursing Association."

The nurse, as a teacher, has turned to the field of education for a philosophy and teaching methods, as well as for subject matter pertaining to her special field. Through her university affiliations she has become enthusiastic concerning the possibilities offered by her direct contact with the homes of the people, for participation in the movement for parental education; she has caught the spirit of the nursery school movement and in her work with the preschool children and their parents, she is using methods that have been worked out experimentally in the university schools.

The public health nurse of today is a composite resultant of many factors. Having entered the public health field as a hospital-trained nurse, she has participated in many campaigns and has absorbed many new working philosophies. She is closely associated with that newer worker in the health field, the nutritionist, and with the social case worker.

Now comes mental hygiene, which represents the preventive side of one of the great "untilled fields of public health."

Nursing agencies, in increasing numbers, are recognizing the need for the inclusion of mental hygiene in their programs. The fact that it is already there often seems to escape notice. May not the underlying concepts of mental hygiene be given to the nurse as a solvent for many of her perplexing problems? May it not provide a unifying principle about which she may build a more effective program for individual and community health? May she not herself become a more balanced worker through better understanding of her own behavior as well as that of the people whom she serves? Has she any contribution to make out of her daily experience to the fund of knowledge regarding human behavior? What place will mental hygiene take in the philosophy and practice of public health nursing?

The Starting Point

The most significant point for the ultimate fusion of mental hygiene with the practical working philosophy of the family or community nurse would seem to be the maternity and infancy service.

The ideal of the maternity service is the continuous supervision of the

[1] Winslow, C. E. A., *The Evolution and Significance of the Modern Public Health Campaign.*

mother and developing infant from conception through the first year of the child's life. Maternity nursing consumes from a third to a half of the nurses' time in a large number of agencies devoted to the care of the sick in their homes. The problems of maternal and infant morbidity and mortality focus interest on this most important phase of nursing service. The service is already of recognized vital importance as a starting point for health supervision. The necessarily long contact with the expectant mother and the infant seems, therefore, from the viewpoint of both nurse and mental hygienist, to offer a unique opportunity for the building up of mental as well as physical health.

In *Mental Hygiene and Social Work*,[2] one of the most recent and authoritative publications, this statement occurs:

> We cannot emphasize too often the importance of the early years of growth, for the personality patterns of later life first find their roots in the early years. It is through the constructive integration of all the childhood experiences that the potential motive force for mature growth is made available.

The public health nurse reaches large groups of expectant mothers in their homes. It is from public health nursing, with its allied health services, that we should expect to build up a body of knowledge in regard to the mental hygiene of pregnancy, and it is through this group, to a large extent, that teaching in regard to the "constructive integration" of the coming child's experience can be given before the child is born, since the mother readily accepts as an authority, the person upon whom she leans so heavily for physical guidance at this time.

The nurse can present in the simplest form, the idea that the child develops emotionally as well as physically and mentally. She can explain to the mother and the father the need for the father's participation in the handling of the child and can help both to a realization of the shock of birth. She can point out to them the tremendous importance of the weaning experience in terms of the child's emotional life. She can interpret for them the process of toilet training from the child's point of view, particularly the necessity for enthusiastic recognition of every instance of self-control. She can help the parents to feel, with the child, the threat to his security which the arrival of a new baby inevitably means and explain how this event may be made as constructive as possible.

Even if parents possess theoretical knowledge on some of these points, it is very difficult for them to identify the situation which calls for its application. The parents' problem is to make independence as desirable a thing to the child as dependence. They can be given the concept of balance in the child's love experience—the equal pitfalls for him of too little or too much love—his prime need for security.

It has often been remarked that there is a lack of organized information about the emotional states of pregnant women. Most of the literature deals with mental disease occurring during pregnancy or following delivery. Here again is the opportunity for an important mutual contribution. There are clear indications at present that the attack on maternal morbidity and mortality must be a concerted one if the rate is to be noticeably lowered.

THE OPPORTUNITY FOR GIVING SEX INSTRUCTION

Another phase of activity, of paramount importance, is the opportunity which may come of discussing with one or both parents the question of sex

[2] Lee & Kenworthy, Commonwealth Fund, New York, 1929.

instruction before the need for it has arisen. This opportunity may come during the antepartum period, possibly in connection with an inquiry of the mother with regard to her own marital adjustment during this period. It may come later in connection with a discussion of the sex of the child. An adult's ideas of sex may be almost as hazy as those of his children. To draw out the parent in a matter-of-fact way about his ideas of sex, and to give accurate information casually and simply, is quite possibly to perform a great service for the child.

All who have read the case material in the studies made by Dr. Healy and his assistants at the Judge Baker Foundation realize what a fertile ground for later delinquency is presented by the misinformation about sex, coupled with suggestions for stealing, truancy, and other misconduct, communicated by one child to another. To see that parents have a vocabulary of technical words in regard both to sex and to elimination is to make it possible for them to instruct children with a minimum of embarrassment and to dignify the parents in their own eyes. This also makes it possible for them to identify themselves with the nurse who has given them the words.

Some of this information can be given successfully to a group of mothers, illustrative slides being used. One cannot be sure, however, that this is adequate and it should be only the opening wedge for further, individual discussion. The book *Growing Up*[3] has been found to be of much help.

COÖPERATION WITH AGENCIES

The nurse enters the best and the worst homes. To look through her case records is to get a sampling of the whole community. Nowhere will one see a better illustration of the fact that adjustment is a matter of degree only and that to be normal is to have a problem of adjustment to work out. One finds the comparatively well-to-do, oversolicitous parents, one finds marital unadjustment all up and down the economic scale. In some families, disorganization began long ago and the efforts of social agencies have long been spent in the effort to improve conditions.

With problems thick about her, one great function of the nurse becomes that of the referrer. She learns the policies of the agencies with which she works and gets an understanding of their difficulties. It is in this good feeling and understanding of mutual policies that strength lies. The problems with which any one family may be faced are so complicated, the causes so obscure and the remedies so faultily applied under the best conditions that it makes a pooling of experience and resources not only desirable but necessary. To exercise discrimination in her referrals, to see at what point she should refer a family or an individual for further help, is one of the nurse's major problems. The decision has to be made family by family. There is no formula for it. By identifying herself with both the family and the appropriate agency, the nurse is in a position to bring the two together at the strategic time.

The goal of all work with people as people, whether done by nurse, social worker, or mental hygienist, becomes increasingly not only prevention but optimal mental health. We work for ever better adjustment between a person and his environment, whether the environment be amniotic fluid or a home for the aged. No one knows as yet the upward limit of perfection for this adjustment. Certainly at present it is safe to say that no one is perfectly

[3] De Schweinitz, Karl, New York: The Macmillan Co., 1928.

adjusted and that adjustment must always be spoken of in relative terms. If a child learns to play absorbedly, to work happily and to love wholeheartedly, no parent need fear for his future.

What of the worker's own adjustment? Dr. Taft has expressed the relation of the social case worker to the person he seeks to help in words quite as applicable to any worker with people:

> By what right do we assume such a prerogative? If the other's problem is ignorance, then only superior knowledge can justify our rôle as helpers. But if, as we have come to think, the deepest human misery, the inner problems, are common to rich and poor alike, to ignorant and learned, because they arise from the fear and hate and anger for which no relief has yet been found, then our superiority can lie only in the fact that we have begun to understand and accept within ourselves the pain as well as the joy of our own emotional lives, and no longer need to escape from our own fears into the fears of the other. Only if one can bear his own pain, can he make pain tolerable to another; only if one can stand alone, can he believe that the other may be trusted to do the same; only when one's own emotional hunger is partially satisfied, can he be free enough of his own necessity to supply another's need constructively.[4]

We have attempted to indicate sketchily the part which mental hygiene may play in the practice of public health nursing, taking practice to mean the application of the contribution of science to the day-by-day problems presented. What of the philosophy of public health nursing? Durant[5] contrasts science and philosophy most illuminatingly: "Philosophy is a hypothetical interpretation of the unknown or the inexactly known: it is the front trench in the siege of truth. Science is the captured territory." It seems that both mental hygiene and public health nursing have more territory uncaptured than captured. If they now make a concerted attack upon any of the unsolved problems it seems likely that more ground will be won than either could win singly.

[4] Taft, J., "The Spirit of Social Work," *The Family*, June, 1928.

[5] Durant, Will, *The Story of Philosophy*. New York: Simon and Schuster, 1926.

Mental Diagnosis and Probation

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THE meanings which gradually become attached to a word constitute a fascinating psychological phenomenon. Back in the distant past most words, by accident or intent, came to be used as symbols for certain objects, happenings, ideas, and so forth. After a time as the word is used under varying conditions its meanings slowly change. It may come to be used in many different situations and so gradually come to have many shades of meaning. In each situation it tends to carry with it something of the flavor or the implication which have become attached to it in other situations. This is especially true of the word "diagnosis." The Century Dictionary indicates that it came originally from a Greek word meaning to distinguish or discern.

Mental diagnosis has come to mean several different things when used in connection with behavior problems. It may mean an attempt permanently to establish the individual's status with respect to his level of intelligence. Mental tests are a reliable instrument of precision. However, as is the case with all instruments of precision, the accuracy of the instrument is one thing while the accuracy and the interpretation of the reading may be two totally different things. The instrument may be accurate, while both the reading and the interpretation may be inaccurate. The value and the reliability of an intelligence quotient is almost entirely dependent upon the skill and the experience of the particular examiners. In skilled hands it is an invaluable aid. But it takes into consideration only one phase of the child's development, and should, therefore, scarcely be considered as a total mental diagnosis.

There are other conceptions prevalent as to the nature of a mental diagnosis. Some psychiatrists have brought with them into their work with delinquents relics of the terminology of the state hospital, so that one frequently hears the terms psychopathic, pre-psychotic, schizophrenic, pervert, kleptomaniac. Some of these terms may be of scientific interest to psychiatrists engaged in special research with delinquents, but they have little value in helping us to understand the child and his problems.

Hazards of Diagnosis

Many times the psychiatrist is asked if a particular child is normal mentally. Such questions are frequently asked in such a manner as to indicate that a very important decision rests upon the psychiatrist's reply. In other words, normality or abnormality carries with it great significance when we are using the terms to describe a child's mind. As a matter of fact, any child who can fairly be called delinquent must have departed from the average in his behavior and is in this sense abnormal mentally. To place upon him such a label would carry with it implications that would be entirely unfair in the great majority of cases.

There are a considerable number of delinquent children who in their mental reactions markedly depart from the average. Some of these children have

pseudo-hallucinatory experiences and could, because of this, be labelled pre-psychotic. Sometimes other children call these children "crazy" and "goofy." We have seen such a child labeled psychotic or pre-psychotic. We have seen this child, because of the label, considered hopeless. We have seen him misunderstood and deprived of the sort of care he needed, because of this diagnosis. We have seen him become an increasingly serious problem. We have seen similar cases make a successful adjustment under proper care. Applying labels to children is a hazardous procedure, even when the label may be correct. In the present state of our knowledge it is a very courageous psychiatrist who feels very sure that he can place such labels with accuracy.

The most useful diagnoses in medicine are those which carry with them a certain finality and totality of understanding. At present there are no simple terms for mental diagnoses in behavior problems that carry with them any such understanding. The terms that pretend to stand for this degree of comprehension tend to blind rather than to give understanding.

There is a large group of extremely useful terms at the present time that do contribute to a partial understanding of certain phases of the situation. Partially dynamic or partially descriptive diagnostic phrases such as mental age, intelligence quotient, defense reaction, revenge pattern, flight reaction, and infantile anger patterns are of real value. They facilitate an understanding of the child and assist in the formulation of appropriate plans for treatment. They are descriptive of segments of the total situation and are, therefore, analytic in their function. In time intensive studies and further analytic efforts may give rise to a sufficient body of knowledge about human behavior so that certain diagnostic terms may then be evolved through a process of synthesis. Such terms might give a totality of understanding that parallels the more useful diagnostic terms of medicine. But this is still in the future.

MENTAL DIAGNOSIS IN THE JUVENILE COURT

The probation officer attached to a juvenile court is primarily concerned with the problem of human behavior. As he approaches the child and his problems it is essential that he realize that the mental and social forces that influence human behavior cannot be separated without serious danger of introducing distortions. As a matter of fact they are not separate forces but are merely slightly different viewpoints from which we view human behavior. One cannot understand either the behavior of the individual nor his mental processes unless one understands those psychological stimuli that are brought to bear upon him from the social situation which surrounds him. The social situation cannot be understood unless one understands that each individual who forms a part of that situation has his own mental problems which not only influence his behavior but influence and are influenced by the child. Healy, in his excellent article "The Psychology of the Situation," has pointed out these complicated relationships in a very clear manner. One cannot safely separate social and mental diagnoses.

What significance then can mental diagnosis have for probation in the present state of our knowledge? Its only value is its contribution to an understanding of those psychological forces that operate within the particular child and those other psychological forces that surround and influence him. In other words, it must aim at distinguishing those particular psycho-

logical forces that are interfering with the social adjustment of the child, while in addition it should discern those particular psychological forces that may be used or modified to bring about the social adjustment of the child.

A child is brought to the attention of the court or the probation officer, because certain of the child's behavior has brought him into conflict with society. Perhaps it is stealing, truancy, lying, or disobedience. These are only symptoms of a more serious underlying difficulty. Generally these symptoms are not the result of any one basic problem. Careful study generally reveals that serious symptoms of social maladjustment are the peak of several underlying problems, the symptom being as it were the most outstanding handiwork of each of these problems. For example, the child may steal. He may have the problem of inadequate habit formation, of inferior or superior intelligence, of a disturbed psychological relationship to his parents or to his companions. Stealing may be the child's answer to each one of these problems. Perhaps it is the only symptom he has found that will answer all of these problems. Frequently it is because a particular symptom is the answer to so many underlying problems that it manifests itself so markedly and persistently.

The type of mental diagnosis described in the preceding paragraph does give some understanding of the child's problems, but further refinements are necessary for a complete understanding. We must know what particular habit formation is lacking. Is it the lack of habits of orderliness? Is it a lack of training in habit formation with respect to his own property and the property of others? Is it a lack of habits of personal hygiene that block him in his social relationships to companions?

We must know the exact level of his intelligence if we are to understand his other problems. We must know the nature of his disturbed psychological relationship to his parents. Is it a hatred of his father with a desire for revenge? Is it a desire to humiliate his father? Is it a lack of respect for his mother's authority? Does he get satisfaction from "slipping it over" his mother?

This situation can, however, be pushed further back. One can go in search of the particular stimuli which have brought about the disturbances in the psychological life of the child. Was it inconsistent, inappropriate, inadequate, or emotional discipline that caused the lack of respect for the maternal authority, or the desire to humiliate the father? One can go even further in this direction. What was the nature of the problem in the mother that gave rise to her inadequate discipline? What was the nature of the problem in the father that gave rise to his inappropriate and emotional discipline, which in turn brought about in the child a desire to humiliate his father? In other words, a mental diagnosis may be stated in terms of the psychology of the situation.

So far the psychological patterns of the child have been left out of consideration. Mental diagnosis in terms of his level of intelligence and the level of his habit formation have been referred to, but there are other psychological phenomena within the child that must be recognized. Children develop patterns of behavior that may become more or less characteristic of that particular child. Some of these patterns can be more easily described as a particular type of reaction, while others can be more clearly described as emotional patterns. For instance, many children develop a tendency to resort to flight whenever confronted with any

unpleasant, fear-producing or difficult situation. This reaction may grow and develop until it manifests itself as well by avoidance of situations demanding effort, dodging responsibility, running away from school or home, and so forth. In many cases this reaction becomes a characteristic and outstanding reaction pattern of the particular child.

EMOTIONAL PATTERNS

Another pattern frequently seen is a markedly developed pattern of dependency. The child may be completely dependent upon adults for his amusements and for initiating his every activity. He may use his parents as an almost complete substitute for his own conscience, his every act requiring their approval or disapproval.

The emotional patterns closely resemble the reaction patterns described above, but their connection with emotional motivation is more apparent. Patterns of jealousy, envy, hate, fear, patterns of antagonism, revenge, unwholesome patterns of love or egocentricity are all too well known to need further elucidation. Such patterns are extremely frequently the basic problem in the delinquent, the delinquent behavior being merely a symptom, an overt manifestation of one or more of these underlying emotional patterns.

A helpful mental diagnosis could be expressed in terms of the child's outstanding personality traits, in terms of his reaction patterns and emotional patterns. The value of such a mental diagnosis will be enhanced if these traits and patterns of behavior are classified into liabilities and assets. It is essential to recognize the degree to which they are constructive or destructive to the child.

If mental diagnosis is to be truly helpful it must even go beyond these reaction patterns and emotional patterns. It must go into the nature and the source of the psychological stimuli that have produced these patterns. Here again we become confronted with the psychology of the situation. In many cases some of these reaction patterns or emotional patterns cannot be fully understood as arising from certain undesirable stimuli growing out of the psychology of the situation. Many times they can only be understood as arising from a lack of those stimuli or experiences of which the child was in need for his wholesome development. It may be a lack of love, a lack of security, a lack of understanding, a lack of wholesome childish outlets. These and others constitute a group of needs without the reasonable satisfying of which many unwholesome patterns of behavior may arise within the child. Any discerning mental diagnosis will need to take account of any such serious lacks as these, since neither the causation of the problem nor the treatment needs of the child can be understood without this evaluation.

There is another phase of diagnostic discrimination that is of particular significance to probation. So far as function is concerned, probation cannot be entirely separated from the function of the court. From the point of view of the psychology of the total situation the court stands in a dual relationship to the child. The ideal juvenile court should be like an understanding parent in its relationship to the child. From the child's point of view the understanding parent is more or less like Janus, the two-faced god. The child senses in the intelligent and understanding parent two different kinds of values. On the one hand he sees "the good parent," the protector, the loving parent, the solacing and comforting parent, the provider, the parent who complies with his wishes, the self-sacrificing parent, while on the

other hand he also sees "the bad parent," the disciplining, strict, and punishing parent, the parent who deprives him of the realization of his wishes, the thwarting and interfering parent, the parent with whom he battles for ascendancy, the parent who is the symbol of authority. The court when it assumes guardianship of the child assumes legally both of these rôles. It is to meet the problem of the dependent child. It is to meet the problem of the rebellious child. The court becomes a part of the psychology of the situation. The probation officer, because of his functional connection with the court, becomes a part of the psychology of the situation, and also because of this has the rôle of both "the good parent" and "the bad parent" forced upon him.

Diagnosis as Basis of Treatment

Any mental diagnosis that is adequate for the probation officer must give him sufficient understanding of the child's problem to permit him to fulfill his dual rôle in the most constructive way for the child. One gains an impression that many probation officers are attracted to this vocation partly at least because they have an inherent but unrecognized desire to play either the rôle of "the good parent" or the rôle of "the bad parent." As they go about their work such officers consistently live up to the rôle of their choice, with little or no regard to the special needs of the particular child. A truly capable officer should be equally skilled in both rôles. He should be able to assume that rôle or that particular mixture of rôles that is demanded by the psychological needs of this particular child. For the most part the rôle of "the good parent" will be more constructive for the child than the rôle of "the bad parent," but there are special children and special episodes in which a considerable admixture of "the bad parent" is necessary. Both of these rôles are of significance to the child, either of them may prove a destructive force if used at the wrong time or in the wrong case. It is for this reason that the discernment of the child's needs in this respect is so important.

A mental diagnosis can be expressed in terms that would give indication of the part played and to be played by the court and the probation officer as they play their parts in the psychology of the situation. All of us as individuals have a certain indefinable feeling that we are different, a feeling that others may be a part of the psychology of the situation but we are not, a feeling that we are somehow apart from it. This is an almost universal human fallacy. The truly big person intelligently recognizes his rôle and plays it with all his energies and resources.

From this survey of mental diagnosis and its relationship to probation it would seem that mental diagnosis is peculiarly difficult and diffuse, it is made up of a rather voluminous enumeration of minute details rather than of a brief, clear-cut and dogmatic phrase.

In the present state of our knowledge a mental diagnosis may take many forms and be significant of many things. It may be a gesture, a flourish, an attempt to wave a magic formula. It may be a formulation in terms of problems of the individual, his assets and liabilities, his mental mechanisms, his behavior patterns, his psychological needs. It may be a formulation of the psychology of the situation, including the psychological relationship of the court and probation officer to the child. At best, in the present state of our knowledge it cannot have finality. It cannot in many of its details be viewed as other than a tentative hypothesis—an hypothesis that adequately explains

the present problem and present situation, that gives indications as to the probable causes and their inter-relationship, and that gives clear indication as to appropriate treatment. In other words, an hypothesis the understanding of which will permit us to put ourselves in the place of the child and feel that under similar circumstances we would probably have been even as he is, an hypothesis that will permit us to work our way with the child out of those problems without and within that threaten him.

Extra-Institutional Activities of Mental Hospitals

By William C. Sandy, M.D.
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SINCE the mental hygiene movement was inaugurated about twenty years ago, much progress has been made in some phases of the treatment and the care of the mentally ill. Anyone who was in "asylum" work before the mental hygiene period and has developed in a progressive environment will realize the contrast with modern activities and tendencies.

The "asylum" in the sense of a place of "refuge" was, indeed, an improvement over the days of neglect or persecution of the insane; but little or nothing more than custodial care was expected of the asylum. Even later on, as the asylum became transformed into a "mental hospital" with real diagnostic and treatment facilities, the earlier efforts were centered upon the patients "within the wall."

As communities became more enlightened, however, there were calls for the services of the more vigorous and the better prepared members of mental hospital staffs, resulting in an increasing number of outside consultations, clinics, talks, and other forms of community service.

The modern tendency seems to be toward still greater extra-institutional development, possibly in the way of boarding-out systems, community supervision, centers for industrial activities for partially rehabilitated patients, and so on. Moreover, one should not neglect to speak of the prophylactic measures in the schools and the colleges.

Improved Methods Adopted Slowly

Despite the availability of past experiences and the present-day knowledge of possibilities and tendencies in the treatment of mental patients, however, there is an astonishing variation in the extent to which modern ideas have been adopted. It is quite possible to find almost all stages in various states, from the purely custodial methods to advanced accomplishment and leadership in community service.

One wonders what the mental health situation would be if modern ideas as to prevention and treatment were more generally put into operation. With this in mind, the present article is a résumé of an inquiry into the development of mental clinics and related community activities throughout the United States. The data upon which the conclusions are based were collected by The National Committee for Mental Hygiene, under the direction of Dr. George Stevenson. In order to avoid the appearance of making invidious comparisons, all references to the different phases of community work will be general, without mention of any particular state.

Several forms of activity are included in mental clinic facilities. Probably the earliest community venture of the mental hospital was a place where paroled patients might report at stated intervals until they had been formally discharged. Many mental clinics had their beginnings in such places and their scope was easily and logically expanded to include those persons who might wish to consult about relatives in hospitals or about their own mental health. In some states, separate centers were established for the consideration of mental defectives; they were later combined with general mental clinics.

In addition to the clinics already mentioned, there are those exclusively for the preschool child and the infant. The present discussion does not include the consultation opportunities at mental hospitals for those who care to call at the institutions. These facilities are probably little utilized, for there is still a sufficient amount of prejudice against mental hospitals to make the average person reluctant to visit one for general advice.

FORMATION OF CLINICS

At present, the usual clinic in the United States is mobile and attempts to serve all varieties of mental patients. This is largely due to the limited personnel available as consultants and to the fact that clinic sessions can be held only at rather infrequent intervals, such as once or twice a month.

In one state, a definite attempt is being made to have separate clinics, and sometimes separate organizations, for the different types of service; e.g., school clinics, clinics for paroled patients, for adults, and so on. In one state, there are two separate clinic organizations, the one for mental cases of all ages, the other for guidance with particular reference to children, to the question of retardation in school and to the manifestations of behavior difficulties.

The impetus is decidedly toward separate clinics and organizations as illustrated by the child guidance movement, with its highly specialized activities and limited field. Most communities are not yet prepared for such scientific foundations as child guidance clinics, with large overhead, fixed station, concentration on the study of a few cases, and with emphasis on research objectives. Such clinics, therefore, are probably most successful in centers of medical education.

In the establishment of mental clinics, experience has developed a rather definite technique. The medical profession has offered practically no opposition to these clinics as contrasted with other kinds, but the work is essentially medical and therefore it is always well to enlist the sympathetic coöperation of the physicians.

Before attempting a mental clinic, it is advisable, therefore, to reach an understanding at least with the local medical societies through their secretaries. Following this, a public meeting has often been found useful. To such a meeting should be invited representatives of the medical societies, the social workers and their organizations, also philanthropic influential laymen, including those engaged in court work, particularly the juvenile courts if they exist.

Mental clinics are held in a variety of places. The first choice is a general hospital, centrally located, where the public is used to coming for advice about general medical and surgical conditions, and in connection with other clinics, in order that there may be the advantage of consultants of other specialties. However, the necessary three or four quiet rooms often have to be located in less formal places such as Red Cross rooms, welfare association headquarters, schoolrooms, churches, or even quarters in courthouses. Cities where there are so-called psychiatric or psychopathic hospitals support flourishing out-patient clinics with daily sessions and thousands of patients, but such facilities are as yet exceptional.

The ordinary mental clinic has a minimum personnel consisting of a psychiatrist, a psychologist, a social worker, and a secretary, the latter being someone more or less permanently located and carrying on the clinic at least to the extent of arranging appointments in the intervals between

sessions. Sometimes several of these positions are united in one person, especially the duties of the psychologist and the social worker. The consultants are usually from the nearest mental hospital or school for mental defectives. Such consultants are supplemented by representatives from the central supervisory offices where they exist; e.g., the Department of Welfare, the Bureau of Mental Health, the Department of Mental Diseases, the Department of State Institutions, and so on. As a rule, it is only in the child guidance or the psychiatric hospital clinics that the consultants give full-time service.

RECORDS

Paper work must always be kept within a reasonable amount, especially in operations conducted by part-time and volunteer personnel. This work is, however, important, not only to provide records of the patients for future reference but also as a basis for scientific statistical research. The clinics with which the writer is familiar have statistical cards, copies being forwarded to the central supervisory department. The information on these cards is a summary of the findings which are recorded during the various examinations on a four page "work sheet" or history record. In order to conserve time, as much as possible of the family and the personal histories, the general physical examination, and the account of the circumstances leading to the visit to the clinic, are secured in advance of the consultation with the psychiatrist and the psychologist.

In most clinics, a written report with the recommendations in each case is mailed to the person or the organization interested. So that the methods and terms used may be as uniform as possible, a manual of instructions for clinic workers is furnished. In at least two states, the central offices are well prepared with mechanical tabulating devices for the various statistical compilations.

A certain amount of publicity is useful in promoting the clinics. Aside from the initial meeting to interest the workers of various types, monthly or semiannual meetings of a more or less formal character are sometimes held for report purposes. Newspaper articles announcing the clinic sessions and outlining some of the work tend to attract those needing its services. But usually, personal contact with organizations and workers with the reputation built upon professional success in individual cases, brings about the growth of the clinic. Cases are generally referred by social workers or organizations, by physicians, schools, courts, friends, or relatives. Patients not infrequently come of their own accord.

All ages are represented among the patients. The children ordinarily predominate and may present problems of school retardation, behavior abnormalities, or need for guidance, or there may be some practical question such as desirability or eligibility for adoption. Adults may be paroled patients from mental hospitals, or cases of psychoneurosis or actual mental illness, coming for general advice or for a decision as to such problems as delinquency.

TREATMENT

Few of the clinics attempt treatment except in so far as the discussion of a case and the advice given may be so considered. Reference is usually made back to the family physician, where remediable physical defects or need for treatment are found. Considerable institutionalization is avoided by advice, explanation, and reference to sources of help.

Certain supplementary facilities and activities are of definite value as preventive measures. Community supervision of paroled patients, clinic cases, and some types of mental defectives is carried on by the social service departments of both institutions and central supervisory offices. In the latter instance, it is usual for the representatives of the central office to initiate the supervision, leaving the further responsibility so far as possible to local agencies.

At least one mental hospital has instituted talks on mental hygiene, the explanation of hospital procedures or of difficult cases. Such talks develop a sympathetic coördination between hospital personnel and the public, with a consequent increase of confidence in the institution.

In many respects, the efficiency of a state program for mental health may be measured by the extent to which community activities have been developed and the vigor with which they are applied. With every appreciation of the better mental hospitals, one must admit that prevention is the principal way in which most may be accomplished in stemming the tide of mental illness and defect. Clinics and such other community service as has been outlined are at present the best method of promoting prevention. For instance, in the clinics more and more children are seen, presenting the "golden opportunity" for constructive mental hygiene.

Furthermore, through such community activities, the medical staffs of the hospitals engaged therein are likely to be stimulated. Brought into contact with the latest thought and methods in mental medicine, other community workers are likewise benefited. Such activities serve to inform the public about mental hygiene and the institutions. They help to eradicate the lack of confidence in the institutions—that superstition, fear and suspicion already mentioned as still prevalent in many places.

"BACKWARD" STATES

In the light of the importance of clinics, it is surprising that so few states are officially engaged in extra-institutional activities. According to the information available, fully twenty-two of the states have no clinic or similar extra-institutional mental hospital activities. Apparently only two of these unprogressive states recognize the need for such services. Twenty-six states have mental hospital clinics, only eleven, however, having organized systems, three of these being especially well developed. In two states, consultation opportunities are offered only by the institutions. In one state, the sole mental clinic is established for the teaching of college students. One clinic appears to be conducted by psychologists, without the services of a psychiatrist. Eight states have some type of community mental hygiene activity which is not initiated or conducted by mental hospitals.

States having no extra-institutional mental clinics can certainly be designated as "backward" so far as mental hygiene is concerned. The situation is doubtless reflected in the institutions by unprogressive methods, lack of equipment for diagnosis and treatment, and consequently, low recovery rate. If states could and would spend a fraction of the yearly cost of institutionalization on well-organized preventive activities, such as clinics, it is probable that the increasing institutionalization would be lessened, with conservation of human efficiency.

Even the states having the best existing clinic systems are only touching the surface. More workers are

needed, more time must be devoted to such services, more centers must be established. Clinics can no longer be considered occasional diversions from hospital work, but should become major activities, financed to the limit, commanding the best efforts of well-prepared consultants.

The Follow-up Service of a Mental Hospital

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SINCE the organization in 1920 of the Iowa Psychopathic Hospital, a follow-up service has been developed through the social service department.

Hospitals admitting their patients chiefly from a single metropolitan district have frequently used a system of parole in an attempt to safeguard the patient during his initial efforts to re-establish himself in the community. Upon leaving the hospital, patients are encouraged to come back from time to time during the first year or so, to the out-patient department, for medical surveillance and for encouragement and advice.

By these repeated reviews of the patient's progress, the psychiatrist often gains both an increased insight into the individual case and a clearer perspective in relation to more general mental disease problems. These reports may also enrich, for research purposes, the case record material.

Correspondence Follow-Up

The Iowa Psychopathic Hospital has never used a parole system. It is not feasible to ask patients to report repeatedly from an entire state area to a hospital which is not even centrally located. The alternative has been to try to keep in touch with discharged patients by correspondence.

This attempt has outgrown the purely experimental stage for it has become evident that the follow-up work helps to meet a serious need. From the reports received from other hospitals of this type, it appears that our consistent policy of prolonged follow-up by correspondence is somewhat unique. It may, therefore, have value as a demonstration.

As a preliminary to a more extended review of our follow-up records, the first one hundred cases admitted to this hospital in 1924 were selected for study. A brief summary of the findings is as follows:

Classification by Age and Sex

Age	*Male*	*Female*	*Total*
6–10	..	1	1
11–15	1	1	2
16–20	4	10	14
21–25	8	8	16
26–30	11	3	14
31–35	6	6	12
36–40	6	11	17
41–45	4	2	6
46–50	2	2	4
51–55	5	2	7
56–60	4	1	5
61–65	1	..	1
66–70	..	..	..
71–75	1	..	1
76–80	1	..	1
	53	47	100

Classification by Diagnosis

Senile psychoses	2
Psychoses with cerebral arteriosclerosis	1
General paralysis	10
Psychoses with cerebral syphilis	1
Psychoses with other brain or nervous diseases	2
Alcoholic psychoses	1
Psychoses with other somatic diseases	6
Manic-depressive psychoses	8
Involutional melancholia	1
Dementia praecox	19
Paranoia or paranoid conditions	3
Epileptic psychoses	2
Psychoneuroses and neuroses	7
Undiagnosed psychoses	5
Without psychosis	32
Total	100

1. *Length of Follow-up.*—Of the one hundred cases, no reports were received from five cases; twenty were followed less than one year; forty-eight, from one to two years; and twenty-seven, longer than two years. Of those followed from one to two years, many were closed solely because the follow-up policy at that time favored doing so.

2. *Correspondents.*—Follow-up reports have been received most frequently from members of the patient's family, but correspondence has also been carried on with hospitals and institutions, social agencies, the family physician, employers, teachers, friends, and with the patient himself. Sixty of the one hundred cases studied have had more than an eighth grade education. Four others were still in elementary school at the time of their hospital admission. The relatively high educational level of the average citizen of Iowa probably has been the largest single factor in the success of our follow-up program.

3. *Disposition of Patients upon Discharge.*—The follow-up reports indicate that seventy-seven of the one hundred cases studied returned home directly after their discharge from the hospital. In view of the popular pessimistic outlook for mental patients, this percentage may seem surprisingly high. We know from our follow-up records that thirteen of these patients later were admitted to state hospitals or institutions, but that four eventually returned home again. Eleven of the one hundred cases studied went directly from this hospital to state hospitals or institutions.

The possible value of such records as these for research purposes may be indicated by the following: The one hundred cases studied included ten cases of paresis. It is often thought that hospital or institutional care is imperative for cases of general paralysis. However, of these ten cases, eight returned home directly upon discharge, while only one went immediately to a state hospital and one to a general hospital.

4. *Social Supervision.*—Numerous letters of advice have been sent by both physicians and social workers in reply to inquiries received with the follow-up reports. Occasionally, a patient has been referred for help and guidance to some agency in his own community. In a few instances, a patient was encouraged to report back in person to the hospital in spite of the travel involved. Of the one hundred cases, three were intensively supervised by the social worker in regard to their health, employment, recreation, and so forth. These patients were temporarily located near the hospital but were later assisted by correspondence.

DEDUCTIONS

The above findings, together with our experience with the follow-up program as a whole, lead to the following tentative conclusions:

1. In such a state as Iowa, it is entirely possible to keep in touch by correspondence with about seventy-five per cent of the patients from a hospital of this sort for a period of at least two years following discharge.

2. To do this, individualized letters are far more successful than form letters. Stamped envelopes for replies are not necessary for this percentage of returns.

3. A visit with the patient by the follow-up worker just prior to the patient's discharge from the hospital is helpful in establishing rapport for follow-up correspondence, but this was not regularly done in the cases included in this study.

4. A half-time partially trained social worker, under the supervision of the head social worker, is adequate for the

GENERAL STATISTICAL SUMMARY

Disposition upon Discharge									Sources of Follow-up Reports[1]							Social Treatment[2]	
Home	Independent life outside home	General hospital	Returned to court	State Hospital	Private mental hospital	Institutions not hospitals	Unknown	Total	Patient	Relatives	Family physician	Friend	Hospital or institution	Social agency	Others	Intensive supervision	Slight supervision
77	3	1	2	11	2	2	2	100	9	72	21	4	24	6	10	3	10

[1] Fifty-six cases reported from one source only; twenty-seven from two sources; nine from three sources; three from more than three sources; five not reported.

[2] This does not include minor letters of advice, reports to other hospitals and agencies in regard to recommendations, and so forth.

CONDITION OF PATIENT

At Discharge														As Last Reported[3]									
Mental				Physical					Prognosis					Mental					Physical				
Worse	Same	Improved	Recovered	Poor	Fair	Improved	Good	Unknown	Poor	Doubtful	Fair	Good	Not given	Worse	Same	Improved	Recovered	Unknown	Poor	Fair	Improved	Good	Unknown
2	50	42	6	5	16	15	63	1	47	12	25	12	4	15	28	30	6	9	7	10	11	46	14

[3] These figures are given for the eighty-eight patients that are still living.

carrying out of a follow-up program such as outlined above.

5. In proportion as medical and social resources exist and are utilized in the patient's home community, a follow-up system by correspondence may become an active therapeutic factor in the accomplishment of an improved adjustment for the patient.

6. Improved methods are needed to insure the best possible use of this follow-up record material by the hospital physicians and by others also interested in research.

Book Department

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BROWN, SANGER, and POTTER, HOWARD W. *The Psychiatric Study of Problem Children.* Pp. 152. Albany: The New York State Department of Mental Hygiene, 1930. $1.50.

The authors have written a manual for use by "the staffs of child guidance clinics and institutions where the psychiatric problems of children are dealt with." They have accepted the broadest meaning of the term "problem children" and consequently have discussed not only children who have personality difficulties (and, to this reviewer, these are the real "problem" children) but also children who suffer from gross organic defects or abnormalities. The result is a book in which the authors have taken the thinking and the techniques which are emerging in child guidance work, and have applied them to all types of

problems in children. Such an application seems a bit premature and possibly not sound, in view of the constantly changing conclusions as the work in child guidance develops.

The book has three parts: Part I, "The Study of the Patient," presents history and examination outlines; Part II, "Clinical Types of Problem Children," discusses diagnosis; Part III, "The Management of the Patient," tells of treatment. To cover in 150 pages such a widely ramifying field is indeed difficult; it is not to be wondered that the discussions are sometimes sketchy and inadequate. Moreover, the complete absence of references to the literature seems a serious omission since, in its use as a guide, the book should point the way to other reading. Inasmuch as the book is the first of its kind, the authors are to be commended for their recognition of the need for such a volume. While the present attempt leaves much to be desired, the book will undoubtedly serve as a useful basis for further efforts along similar lines.

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DAVIES, STANLEY P. *Social Control of the Mentally Deficient.* Pp. xix, 389. New York: Thomas Y. Crowell Company, 1930. $3.00.

As the author states in the preface, this book is the outgrowth and extension of his smaller work entitled *Social Control of the Feebleminded,* published in 1923. By training, association, and experience, Dr. Davies is well prepared to discuss mental deficiency, especially from a sociological point of view. His earlier book was virtually epochal in character and represented the most advanced thought, correcting such ideas long in existence as the belief in the possibility and the necessity of complete segregation of the feeble-minded and the exaggeration of heredity as a causal factor.

The present volume contains much new material. In an intensely interesting manner, the author outlines the evolution of the modern plan for meeting the problem of mental deficiency. He discusses the social test of mentality and suggests a distinction between mental deficiency as a broad classification and feeble-mindedness, the latter to include only those of defective mentality who are untrainable or the intellectually subnormal who are also socially incompetent, consequently incapable of looking after themselves to any extent.

Dr. Davies guides the reader through the clouds of early mysticism and faulty concepts, the period of eugenic alarms, the advocacy of widespread sterilization and universal segregation, into the light of the modern and the more practical plan.

Especially interesting and important are the discussions of the tendencies in respect to defective delinquents and the critical consideration of colonization, so successfully established in New York. Dr. Davies clearly demonstrates the responsibility of the public school system in the discovery, the identification, and the provision by means of special classes of early training and supervision of mental defectives. He also describes what is being accomplished in the way of community supervision. As he states in Chapter XVII, "whether carried out by the public school, by the institution, or through community supervision, the ultimate aim of all work with the mentally deficient is socialization: the development of personality in relation to social environment so that within the limits of his ability the individual may be made a social asset instead of a social liability. This is not different from the aim of all education."

The book will have a wide appeal. It should prove to be of especial value to educators, sociologists, psychiatrists, and social workers.

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DAVIS, MICHAEL M., and JARRETT, MARY C. *A Health Inventory of New York City: A Study of the Volume and Distribution of Health Service in the Five Boroughs.* Pp. xxiv, 367. New York: Welfare Council of New York City, 1929.

This study contains the facts concerning the amount and the distribution of public health service in New York City. It does not evaluate the quality or the effectiveness

of the services except where conclusions are implicit in the data obtained.

The scope of the inventory avowedly excludes such aspects of public health as environmental sanitation and the control of communicable disease. It concentrates upon personal health services to individuals, as made available through out-patient clinics, home nursing visitation, and health education.

There are approximately 2,400,000 visits annually to the 818 clinics rendering health service, one third to 259 conducted by the Municipal Health Department and other official groups, and two thirds to 559 which are privately supported. Over twelve hundred nurses make nearly two million home visits each year, more than half under private auspices. Thirty-seven separate agencies are concerned with health education.

The expenditures for personal health services by all official and non-official agencies in 1927 was approximately four million dollars, or $.59 per capita as compared with $1.29 for Chicago and $1.53 for Boston. More than half was provided through voluntary contributions. Additional Health Department costs for sanitation, control of communicable diseases, vital statistics, and laboratory work bring the total New York "prevention" bill to $8,500,000, about one eighteenth of the amount spent for the care or cure of disease.

The authors have interpreted a vast amount of quantitative data with strict differentiation of fact and opinion.

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DELL, FLOYD. *Love in the Machine Age: A Psychological Study of the Transition from Patriarchal Society.* Pp. 435. New York: Farrar and Rinehart, 1930. $3.50.

The reviewer has often thought that the twentieth century will in time to come go down in history as unique because of the many comparatively new movements, new concepts, which were born with it. It seems as if incredibly important things came into being with the birth of the century. Two of these, which seem to have preserved intimate though often only tacit relations from the very beginning, are mental hygiene and psychoanalysis, because after all they concern themselves with closely related problems of mental health. Psychoanalysis had its origin in an attempt to cure mental illness. Mental hygiene had its origin in an attempt to prevent mental illness. It is obvious that the same kind of knowledge of the same things is necessary for each in order that it function effectively.

Love in the Machine Age is an examination of certain tendencies of the day which could never have been written without the preparation of psychoanalysis and would not have the significance it does except for the mental hygiene movement. It is an attempt to evaluate present tendencies which are usually expressed by the alarmists as knocking out the props from under all of our well-established customs, beliefs and practices. They fear that religion and morals are rapidly disintegrating and civilization itself is threatened by what appears to be a degenerate age. It is to such matters that the author addresses himself. To the reviewer, who for years has had his desk piled with books written by all sorts and conditions of people, touching upon various aspects of this special problem and dealing with the principles of the new movements in psychology and mental hygiene, this book stands out as the most altogether satisfying, constructive, and profoundly significant that he can recall having seen in recent years. In the first place, it is written with a judicial attitude of mind. The author does not start off with the idea that the world is going to the dogs, nor, on the other hand, that there is nothing wrong. He undertakes an examination of the facts, and with a basis of faith in the processes of nature and a belief in at least a practical margin of indetermination in which human conduct can be influenced, he suggests the lines along which endeavor should be planned. Although he does not say it in so many words, I take it that he does not believe, because the modern flapper has rebelled against family restraint, refuses to go to church, may be found at times packing a contraceptive and praising companionate marriage, that therefore the laws of nature, which have been

evolving over millions of years of time and are the precipitates of an infinity of experiences during all this period and have been preserved because they have survival value, are all going to fade away when challenged after this manner. Looked at from this point of view, it seems little less than absurd that we should be disturbed about the ultimate fate of the race, if by ultimate fate we mean voluntary failure to reproduce. The ultimate fate of the race has probably never been threatened, but many people in the face of immediate conditions which perhaps are destructive in nature become alarmed and believe that because things are going wrong now they will continue forever in the same way, forgetting that wherever a destructive process is at work, by the very nature of things it tends to build up counter tendencies which correct the evils which it produces. This is so true in general biology and in medicine that it is extraordinary that it has not attracted wider attention. However, from this point of view the author may be said to be one of those who have faith in our young people, who do not accuse them of being bad nor damn them with being sinful but only sees them in a transition period, confused it is true as we look at them, hardly knowing or even guessing what it is all about, and yet in their thrashings about evidencing a profound dissatisfaction with the state of affairs as they are, and their desire to change them; and on the whole I should say that the author believed that their efforts were carrying them in the right direction, albeit with many casualties on the way.

The main contentions of the author are expressed in his strictures on the patriarchal form of society as it expressed itself in the last century. The characteristics of this patriarchal society were its prolonged period of dependence of the youth on the parents which tended to keep them children longer than necessary, the segregation of the sexes which prevented those early and frequent contacts that prepared them for each other in the final mating process and parental responsibilities, the rigid educational forms which perpetuated these distinctions, the control of marriage by the parents and the making it dependent upon economic advantage, and the playing into the service of this whole scheme of morals, with its ideal of purity and of religion and of industry.

The machine age, the author believes, has potentialities for making us free. The inventions of science have brought to pass degrees of efficiency in machine production which theoretically should banish poverty and want and create leisure for the pursuit and the enjoyment of happiness. The fact that we are a long way from these goals does not make them any the less desirable or worth while striving for, and he sees society already engaged in their pursuit.

The evils of the old régime can all be bunched together in the single designation that they were calculated to prevent children from ever growing up and finally becoming adult; and it is to this fundamental evil that the author traces, with keen perception and psychoanalytic reasoning, not only a large percentage of the failures which express themselves in the form of psychoses and neuroses but also the prevalence of homosexuality, the existence and the toleration of prostitution, of what he calls "polite adultery," and the very considerable losses to the race incident to voluntary celibacy. All these results are brought about as the result of the fear and apprehension of any manifestation of sex interest and the attempt to protect the children from these very untoward results. He sees the only possibility of avoiding these pitfalls to be in a fine freedom which implies an opportunity to contact with reality in all its various forms; and he is convinced, and he argues his point well, that such freedom will correct the very evils which a failure to grant it has produced in the patriarchal society. Again he does not say it, but I take it he would agree with the statement that most of the things that adults are afraid that children are going to do are things which lie in the adult's mind as possibilities or desirabilities of action as he views the situation and which are furthest from the thoughts of the child. From time to time this has been demonstrated to be true. The adult with his experience and his background and his frustrations sees evil where the child does not suspect it, and to project his own tendencies upon the child is to fear that the child will do things which

the child not only has not the least intention of doing but has not even the capacity to conceive of.

So here we see again in this book what we have been seeing so often in recent years, the necessity for a complete about-face if we are really to take advantage of the best that this period of transition affords, and this about-face cannot be expected of the adult. In fact for the most part he cannot even understand what is meant when one tries to explain it to him. Therefore again our fate, as always, must rest with the children. They as ever are the salvation of the race, and it ill behooves us to start off with the assumption that they are a bad lot. They probably are literally older and wiser than their parents.

The author by no means has solutions for all the various problems that confront modern society. He knows better than to pretend that he has. But he comes to grips with these problems in a wholesome, vigorous way that commands our attention and respect, and in many instances our approval. Of course, we cannot all think alike, and it would be unfortunate if we did, but at least to be capable of honestly facing a situation as frankly, as openly and as effectively as the author has done in this book means a task well performed. I cannot think of another work on mental hygiene which is its equal.

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ELKIND, HENRY (Ed.). *The Healthy Mind: Mental Hygiene for Adults.* Pp. 269. New York: Greenberg, 1929. $3.50.

Following an introduction by C. Macfie Campbell and a preface by the editor, is a series of eight papers which are an adaptation of a series of lectures given during the early spring of 1929 in Boston under the auspices of the Division of University Extension of the State Department of Education in coöperation with the Massachusetts Society for Mental Hygiene.

There is an attempt to cover much of the field of mental adjustment. Douglas A. Thom outlines the importance of early childhood training on adult mental life. James J. Walsh asks the question "Do we Americans really live?" and concludes that we are so busy making a living that we are less interested in the finer things of life. Karl M. Bowman outlines the problems of fatigue, worry, and the "blues"—their causes and effects. The relations of emotion and intellect in adult life are considered by Thomas Verner Moore. Abraham Myerson tells of normal and abnormal fears, while V. V. Anderson tells of vocational adjustments. Esther Loring Richards tells of "Nerves" and finally Joseph Jastrow contributes a lecture entitled "Keeping Mentally Fit" which is described as a new art made necessary by the complexity of modern life.

The editor says that the present volume is for the layman and that one will find the ideas expressed in simple, untechnical language. But on one page alone (p. 95) in the discussion of Kretschmer's work, one finds such words as "pyknic," "asthenic" and "cyclothymic." On the whole, however, the exposition is simple and the ideas are illustrated by numerous descriptions of cases.

One difficulty with the present volume, which is probably true of any such collection of essays, is that there is a lack of a constant and consistent point of view. Here we have a magnificent list of authors' names and the result is a volume which is not always consistent and which by no means covers the field of mental hygiene as completely as it should. One questions whether one of the troubles with mental hygiene is that it is so largely in the hands of physicians and psychiatrists who have not had sufficient training in the general psychology of the normal mind—or at least so it seems to a psychologist.

SAMUEL W. FERNBERGER
University of Pennsylvania

GREENE, ELIZABETH, PRATT, GEORGE K., DAVIES, STANLEY P., and BRANHAM, V. C. *Report of a Survey of Mental Hygiene Facilities and Resources in New York City Utilized by Out-Patient Departments of Hospitals and Dispensaries, Public Schools, Social Agencies and by Courts and Protective Agencies.* Pp. xiii, 206. New York: The National Committee for Mental Hygiene and the New York City

Committee on Mental Hygiene of the State Charities Aid Association, 1929.

With the rapid growth of interest in and use of mental hygiene concepts during the past ten years and the preliminary pioneer work in this field for twenty years by the National Committee for Mental Hygiene and its affiliated state-wide societies, a review of the present status in one city is decidedly pertinent. This Report serves as a sociological study of the practical, clinical, and professional aspects of mental hygiene agencies in the city of New York. The emphasis is on the clinical services to individuals by medical, social, educational, and correctional agencies. The more subtle aspects of prevention through furthering positive mental health by popular education is implied but not developed.

The practical value of such a study is the administration of forces to effect changes in the situation. The Committee's procedure in appointing subcommittees of representatives to consider such changes is a distinct step in advance over the older methods of surveying elaborately without any attempt at the same time to insure action.

The method of study by means of case records, attitudes and training of staff, and management of clinics gives a comprehensive picture of what proves to be a serious situation in some respects. The detailed recommendations on professional standards in psychiatry, psychology, and psychiatric social work should serve as a guide to professional schools and clinics. The Survey is a real contribution to the field of mental hygiene.

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GROVES, ERNEST R. and GLADYS HOAGLAND. *Wholesome Parenthood.* Pp. vi, 320. Boston: Houghton Mifflin Company, 1929. $2.00.

The book is intended for the average parent who is beginning the study of child training. In Chapter I, the authors list what they believe to be "four common programs that seem to represent the various attitudes parents take toward childhood. . . . In one the purpose of the parent is primarily to retard the development of the child." This is brought about by the mother building up a too strong emotional attachment to the child. The second common program is the exact opposite. Here the child is "overstimulated and handled in such a way as precociously to develop his personality." The authors believe father more often than mother uses this method. The third program is best described as a moulding policy. "The child is treated as if he were a substance to be entirely shaped by outside influences." Under the fourth program, and "the only one to be defended," the parent "tries to discover promising trends in the personality of the little one and to furnish means of growth which will permit the life to develop according to its bent."

Undoubtedly there are these four common programs, but what the authors fail to do is to show the parent why he uses any one of them, that is, what in the parent's own personality makes it necessary for him to react in any one of these four ways. The authors assume that the parents can, now that they know which program is the correct one, carry it out.

The chapter on the Conditioned Reflex states the problem in an entirely too simple and mechanical manner. The chapters on Discipline, Habit, the Meaning of Fear, and Anger are well presented on this simple level.

The chapter on Sex contains two lists of questions and answers that the authors believe a child from three to six and six to ten respectively would ask and should know. It strikes the reviewer that the answers are too elaborate and violate the authors' second rule in regard to sex instruction, namely "Be brief."

The chapter on Money on the whole is well done. Probably too great a point is made of money representing power. The chapters on Inferiority Feeling, Emotional Conflict, Daydreaming, Fixation, and Introverts and Extraverts suffer from a too sketchy presentation. The subject of adolescence is presented in eighteen pages.

Wholesome Parenthood presents nothing new. There are equally as good and some better books. However, in all fairness it should be stated that the references at the end of each chapter are well chosen and will,

if only the average parent would read them, go far in giving a more dynamic concept of the problem of parent-child relationships. The Index is well done.

HENRY C. SCHUMACHER
Cleveland Child Guidance Clinic

HAYDON, A. EUSTACE. *The Quest of the Ages.* Pp. xiii, 243. New York: Harper and Brothers, 1929. $2.50.

Can religion play any part in the cure of mental disease?

Professor Haydon in his *Quest of the Ages* indicates that it can, providing that it "focuses the inspirational power of a practical idealism and the accurate scientific knowledge of facts upon the social maladjustments" that are a part of the underlying causes of mental disturbances.

This requirement of religion means that it will have to turn away from its emphasis upon other-worldliness and continue its age-long quest for the good life for all here on earth.

It must battle valiantly for the eradication of poverty, injustice, vice, the strife of classes, and war. Its leaders must work for the realization of a coöperative social order in which all may have equal opportunity to utilize their creative energies and to share in the satisfying values of life.

A religion so conceived, aided and abetted by the scientific method, promises to become a powerful instrument for the elimination of some of the worst of the social evils. The ancient dream of a heaven upon this planet may become a reality.

No assurance of absolute achievement, however, is given by this kind of religion. The universe, while it gives support to moral ideals, offers no complete guarantee of their attainment. Man must depend upon himself, his scientific tools and certain universal forces for the mastery of his world.

The philosophy of religion expounded by Professor Haydon is optimistic, challenging and virile, but inadequate for those individuals who think of God as working with man in the establishment of the commonwealth of God and man on earth.

CHARLES C. WEBBER
Union Theological Seminary

HEALY, WILLIAM, BRONNER, AUGUSTA F., and BOWERS, ANNA M. *The Structure and Meaning of Psychoanalysis.* Pp. xii, 482, xxiv. New York: Alfred A. Knopf. In press.

To careful students of behavior, especially as evidenced through juvenile delinquency, the contributions of Healy and Bronner represent so many distinct stages in the evolution of their science. To the technique of the clinical psychologists, these two co-workers have added the emphasis of the sociologist, the approach of the case worker and the subtle probing of the psychoanalyst, recognizing each as important in a well-rounded study of personality.

The present work marks the matured development of a viewpoint first indicated by the authors in their *Mental Conflicts and Misconduct* and *Pathological Lying, Accusation, and Swindling.* It is based on a thoroughgoing review of the veritable maze of material on psychoanalysis, in an effort to clarify its values in application to the problems of personality.

The method of presentation is unique and should be very helpful. On the left hand pages of the volume are the orthodox theories and fact findings of psychoanalysis —for the most part consisting of Freud's own statements; on the right hand pages are introduced comments of various kinds— contributions of exegetical value; notable accessions to the psychoanalytic structure by "Freudians"; and various modified doctrines set forth by those who, while still holding to the major concepts of Freud, offer divergencies of theory or practice.

Although received too late for more than a hurried and partial reading, it appears that the work has been done according to the best manner of the authors, and apparently gives to students of human problems that long awaited one book on psychoanalysis.

JAMES H. S. BOSSARD
University of Pennsylvania

LEE, PORTER R., and KENWORTHY, MARION E. *Mental Hygiene and Social Work.* Pp. xi, 309. New York: The Commonwealth Fund, Division of Publications, 1929. $1.50.

CULBERT, JANE F. *The Visiting Teacher at Work.* Pp. xv, 235. New York: The

Commonwealth Fund, Division of Publications, 1929. $1.50.

Public Education as Affecting the Adjustment of Youth to Life. Pp. xi, 61. New York: National Industrial Conference Board, Inc., 1929. $1.50.

Here we have two more books based on the five-year program for prevention of delinquency and one representing industry's concern about the public schools.

In the first we have an interpretation of children's difficulties in accordance with "the ego-libido method," a clear statement of this particular viewpoint, though one which will hardly be acceptable to most sociologists and psychologists. This book also contains an account of the Bureau of Children's Guidance in New York and of the training of psychiatric social workers.

The second describes the work of visiting teachers in a concrete and interesting manner. Its discussion of professional standards and relationships, together with material in the appendices, makes it a valuable handbook for students and workers in this field.

The third book is likely to be of little value to social scientists except as an indication of business men's opinions and attitudes toward the educational system.

STUART A. QUEEN

University of Kansas.

MARCUS, GRACE F. *Some Aspects of Relief in Family Casework: An Evaluation of Practice Based on a Study Made for the Charity Organization Society of New York.* Pp. xi, 140. New York: Charity Organization Society of New York, 1929.

This book has already received wide acceptance by social workers. It can well serve as a classic and as a challenge to those who wish to publish works that aim to show the practical value of the mental hygiene point of view in special fields of human endeavor.

Understanding of human relationships has recently developed at a dizzy pace. The result has been that the more progressive workers in the fields of psychiatry and social casework have often found themselves talking a language which seems peculiarly foreign and unconvincing to persons who have remained unsophisticated laymen with respect to these fascinating developments.

Miss Marcus has succeeded in making clear the subtle psychological problems which are involved in the phenomenon of giving relief (money and service). Not only has she succeeded in recognizing the nature of the complex psychological interreaction taking place between the individuals involved in this dramatically distressing situation and at the same time bringing to light many of the patterns of behavior within the individual that determine the course these interreactions may pursue, but she has succeeded in presenting her study in a manner so clear as to be immediately understandable and convincing.

The giving of financial assistance is a dangerous two-edged weapon which Miss Marcus has helped to transform into an instrument of precision to be used in the fine art and scientific practice of bringing about a self-respecting rehabilitation of persons who are in need. It is an excellent treatise deserving of extensive recognition.

E. VAN NORMAN EMERY

Yale University

MENNINGER, KARL A. *The Human Mind.* Pp. xiv, 447, xi. New York: Alfred A. Knopf, 1930. $5.00.

This is an excellent book for the layman, as well as for the physician, in that it is readable, interesting, and not too technical. The author defines mental health as the adjustment of human beings to the world and to each other with a maximum of effectiveness and happiness, and to this end he deals first with fundamental principles. He compares the human being in distress to the splashings of a hooked fish and then goes on to say that these splashings represent jams in the mental machinery, and that both the machinery and the jams are common to all and can be better understood by a better knowledge of the machinery and its jamming propensities. He then passes in logical sequence to personalities, citing examples of various personality types out of tune with their environment and predisposed to failure, such as the man who is sick in body, the crippled, the stupid, the lonely, the queer, the moody, the frustrated, and

the perverse. Next, in the section on symptoms, he analyzes the parts of the machine, dismantled. Dr. Menninger then takes up successively motives, the driving forces in individuals, and the psychoanalytic method for learning systematically about these hidden things in the mind; prevention and the treatment of threatened and full-bloom mental illness, in what he terms the pragmatic section dealing with the technique of repairs; and finally, in the so-called philosophic section, the application of psychiatric principles to the school, industry, general medicine, and the criminal.

The book covers adequately the modern conception of mind and health, and the author therefore fulfills his purpose. He has aimed to produce an opportune, sound, and well-balanced survey of the entire field of mental hygiene and he has admirably succeeded. The result is an absorbing book, which is easy to read, profusely illustrated with illuminating examples of the cases cited, and one well calculated to appeal both to the casual reader and to the person who would have a more serious purpose and who would be stimulated to ponder and learn more about that pertinent and worth while subject, the workings of the human mind.

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MITCHELL, ALICE MILLER. *Children and Movies.* Pp. xxiv, 181. Chicago: University of Chicago Press, 1929. $2.00.

This study, made possible by a grant from Wieboldt Foundation, gives insight into one of the disquieting problems which the movie has created. As Americans we conjecture uneasily as to what impression this distorted picture of our life gives to far peoples; we are deeply concerned as to what it is doing to our children, who go regularly, day and night, to an astounding number of performances. Mrs. Mitchell deserves our gratitude for an evaluation of the effect on the children of an American city of these pictured stories, adult in theme but so simple as to be intelligible. Her conclusions can hardly be questioned. The method is outlined in Chapter II. Charts and statistical tables along with the quizzes for school children used in collecting data are scattered not alone throughout the less than two hundred pages, but supplemented in the sixteen pages of the Appendix. In addition to scientific accuracy, the book is clear in style and very readable.

Three groups of Chicago children provided the material for research, numbering in all 10,052. The average was provided by the general run of the public schools. Compared with this group were delinquent children, and another group with a degree of organized leadership. Of the number, 90.6 per cent attended the movies regularly.

Parents and workers with children will find themselves so abundantly repaid for the time given to reading this study that the reviewer refrains from a complete summary. Suffice to say that the majority of the children of the group (64.1 per cent) go to the movies on an average of once or twice a week, with the highest frequency rate among juvenile offenders. (p. 20.) With admirable caution, Mrs. Mitchell refuses to pass on the relation between this maximum attendance for delinquents and the exaggerated pictures of adventure and romance which they prefer. (pp. 142–143.) What the data actually show is that all of the children are alike in preferring play to movies, especially play out of doors. Scouts and high school boys give a high preference for football; delinquent boys join the other groups in preference for baseball. None of the figures indicates that any of these groups actually prefer movies to play. What stands out clearly is that "the play way of the city child is hard."

Chapter XII, dealing with the "thrills" which children get from grown-up material is peculiarly disturbing. Without preachment it suggests that the juvenile edition of the movie is too long overdue. Our commercialized amusements will do well to take account of studies as careful as this which Mrs. Mitchell has given us.

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PEDERSEN, VICTOR COX. *The Man a Woman Marries.* Pp. xiv, 266. New

York: Minton, Balch and Company, 1929. $2.00.

A genito-urinary specialist with a humanist viewpoint here sets forth the biological foundations of monogamy, emphasizes the importance, both personally and socially, of normal marriage, and then makes a contribution to the strengthening of the family by providing men and women with information that they need in order to live intelligently and successfully in wedlock. The development of sexuality in evolution, the development of family life in history, and the differences in the sexual equipments and tendencies of men and women are set forth clearly. Venereal diseases and other abnormalities are given adequate attention. "The social aim or mission of this book," in the author's own words, "is to restore peace, harmony, devotion and love between married couples who, through sexual misunderstanding, are in real and great trouble and who sooner or later will seek the courts for separation or divorce. Much, if not all, this misapprehension is corrigible and, like a sickness taken early, curable." The task of offering information of this practical and vital nature to married people was well worth undertaking; and Dr. Pedersen writes from a rich experience in dealing with the many problems that arise in married life. The book should have been provided with an index.

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RECTOR, FRANK L. (Ed.). *Health and Medical Service in American Prisons and Reformatories.* Pp. viii, 282. New York: The National Society of Penal Information, 1929. $2.50.

The National Society of Penal Information has rendered a distinct service in making here available the results of a first-hand study of medical and sanitary conditions in the Federal and state penitentiaries and reformatories of the United States. The study was made possible through the generosity of the Laura Spelman Rockefeller Memorial, and the Bureau of Social Hygiene, and was aided by the advice of a distinguished medical advisory commission. Personal visits were made to one hundred institutions by Dr. Frank L. Rector, an experienced physician who shows himself in this volume to be as well an impartial and attentive observer.

The general sanitary conditions Dr. Rector finds to be good; it is interesting to note in this connection that most of the reformatories, and nearly one half of the penitentiaries, no longer employ the notorious "bucket system." The prisons are much overcrowded, and with the inadequate or too-little-used bathing equipment, body odors are still a feature of most institutions. The diet seems ample in amount, most prisoners gaining weight; an excess of meat and some deficiency in vegetables are observed.

The hospital facilities in general are inadequate, and in many instances the space used for the purpose does not differ materially from the usual prison construction. The medical staffs are usually woefully inadequate, a part-time physician sometimes being called upon to care for the physical health of two thousand inmates. As a result, a large share of the medical work is not infrequently turned over to inmate physicians—a practice open to grave criticism. Furthermore, in many institutions the medical work is not organized as an integral and vital factor in the administration of the prison; the medical aspects of diet, general sanitation, and recreation seem often to be overlooked by those in charge.

The practice of making a mental examination of each prisoner admitted appears to be growing, the author finds, but the care of those found to be mentally ill or defective often leaves much to be desired. Drug addiction is relatively rare, but found in enough cases to warrant the recommendation that separate facilities for the care and treatment of addicts be provided.

Even with the inadequate diagnostic measures generally employed in prisons, about 1.1 per cent of the inmates are reported to be tuberculous. The care of this group leaves room for much improvement as regards the sick inmate, his associates in prison, and the community.

Over all these conditions hovers the sinister shadow of the "spoils system," the political administration of the institutions

by untrained and too often not over-intelligent officers. But back of this system, as back of the overcrowding, is the fundamental difficulty—the indifference of a public still imbued with the age-old desire to cast the scapegoat, if not off of a precipice, at least into a dungeon where society may forget the obligations and the responsibilities it assumed in incarcerating him.

The volume presents a mass of reliable data on an important problem, and furnishes much for the prison-builders and the prison-administrators of the future to mark well.

Twelve charts and sixteen tables add greatly to the reference value of the book.

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RUSSELL, BERTRAND. *Marriage and Morals.* Pp. 320. New York: Horace Liveright, 1929. $3.00.

The reading public expects much from any book by Bertrand Russell. In *Marriage and Morals* he maintains his high tradition. This, like his other writings, is both thought-provoking in content and captivating in its form. The book ranges over a wide territory dealing with primitive birth ethics, Christian asceticism, romantic love, marriage and prostitution, and of course the place of sex among human values. At places the author shows more emotion than is usual with him, and his irony at times slips slightly into the exaggeration which always blunts its point. The theme of the book appears clearly in the following quotation: "It is therefore possible for a civilized man and woman to be happy in marriage, although if this is to be the case a number of conditions must be fulfilled. There must be a feeling of complete equality on both sides; there must be no interference with mutual freedom; there must be the most complete physical and mental intimacy; and there must be a certain similarity in regard to standards of values. (It is fatal, for example, if one values only money while the other values only good work.) Given all these conditions, I believe marriage to be the best and most important relation that can exist between two human beings."

In supporting the Lindseyan scheme of marriage the author is too logical not to recognize that it is, contrary to the insistence of Lindsey, a form of trial marriage. Russell declares that modern society faces either greater liberality in sex conduct or a return to prostitution. The social service of the prostitute in the past is undoubted, but she has been the victim of blazing injustice that began with the victory of the Christian religion and has been continued ever since (p. 146). No one admits more strongly than Russell that mere sex pleasure is a small joy in comparison with a deepening life of comradeship (pp. 143 and 297). Here is the crux of the whole discussion. Can there be the freedom that Russell wants without making it harder for the average young man and woman to reach the high ideal of affection which the author recognizes as a matrimonial goal most to be desired?

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SHAW, CLIFFORD R., *et al. Delinquency Areas: A Study of the Geographic Distribution of School Truants, Juvenile Delinquents, and Adult Offenders in Chicago.* Pp. xxi, 214. Chicago: University of Chicago Press, 1929. $4.00.

To do well an important research project and to present the results coherently and interestingly, represent a combination in achievement none too frequent thus far in the history of social research. The authors, who are research sociologists at the Institute for Juvenile Research in Chicago, are to be complimented on their dual success.

The project, which is defined as a "situational" (or cultural or sociological) approach to delinquency, concerns itself with the geographic distribution in the city of Chicago of 55,998 delinquents, consisting of 5,515 male school truants, 43,298 juvenile delinquents, and 7,541 adult offenders.

The method utilized in the project was to plot the home addresses of the individuals on base maps of the city of Chicago, to compute the ratio of offenders to the total

population of similar age and sex in the different areas of the city, and to compare the resultant rates of delinquency by square mile areas for each series of offenders.

The findings, in briefest form, are to the effect that there are marked variations in the rates of truancy and delinquency among areas; that the nearer to the center of the city a given locality is, the higher will be its rates of delinquency and crime; that the areas in which these highest rates occur are characterized by physical deterioration and declining populations; and that there is a marked similarity in the distribution of truants, juvenile delinquents, adult criminals, and recidivists, all of whom are represented in the various series of offenders included in the study.

Taken as a whole, this volume represents a significant contribution to the study of delinquency and to sociological procedure. The method is wholly inductive. Facts are presented graphically. Maps are not spared: there are sixty-six in the book. Sociologists can profit by these examples, as well as by the modesty of the authors in their insistence that their study represents "only the initial step in a sociological study of juvenile delinquency."

Collaborating with Mr. Shaw in this work were Messrs. Frederick M. Zorbaugh, Harry D. McKay, and Leonard S. Cottrell. This publication is the second in a series of monographs published by the Behavior Research Fund.

JAMES H. S. BOSSARD
University of Pennsylvania

TILNEY, FREDERICK. *The Master of Destiny: A Biography of the Brain.* Pp. xii, 343. New York: Doubleday, Doran and Company, 1930. $4.00.

The neurologist Tilney has set forth in a popular and a very interesting manner material from anthropology and biology, showing the evolution of the brain from its simplest to its most complex forms. This *Biography of the Brain* follows the description of each animal in terms of its anatomic appearance, its habitat, its natural history, and the evidence of personality traits and intelligence.

The point of view consistently follows a study of similar forms with an eye to the emergence of the human brain as a logical sequel to the gradual change in structure and in emphasis of the parts of the central nervous system. The chapters on monkeys and apes were the most appealing to this reviewer.

Tilney's experiment as a popular writer is remarkably successful. In general, the book follows his previous, more technical account, *The Brain from Ape to Man.*

It was tried on several twelve-year-olds. From their enthusiastic response, one feels safe in recommending it highly to children as well as to adults.

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ZACHRY, CAROLINE B. *Personality Adjustments of School Children.* Pp. xiii, 306. New York: Charles Scribner's Sons, 1929. $1.80.

This book is another evidence of the school's discovery of the child, and of the mental hygienist's appreciation of the possibilities of constructive probing into the problems of the so-called normal.

The author, who is director of the Department of Psychology and Mental Hygiene at the State Teachers College, Upper Montclair, New Jersey, holds the view that the rôle of the school is primarily that of "controlling the environment so as to provide the best opportunities for the development of constructive habit patterns"; that the curriculum should be based on "a succession of wisely guided activities purposed by the children"; that the rôle of the teacher is no longer "to hand on to passive recipients facts and skills which have been dictated to her from above," but to guide active, growing human beings; and that all this requires a sympathetic understanding of children and of the situations confronting them. The book, in other words, represents the pedagogue's approach to the problems of personality.

The discussion centers about six cases of school children, none pathological, none referred to a clinic, none considered school failures in the ordinary sense of the word. The point of view is that all behavior is purposive, whether the individual

is aware of the purpose or not. The psychology involved is "new," with a considerable, and perhaps disproportionate, emphasis upon the desire for security. The style is readable and the purpose, that of aiding teachers and parents in the understanding and the direction of the personality pattern, is commendable. Unfortunately, the latter part of the book suffers a bit from a seeming haste in construction.

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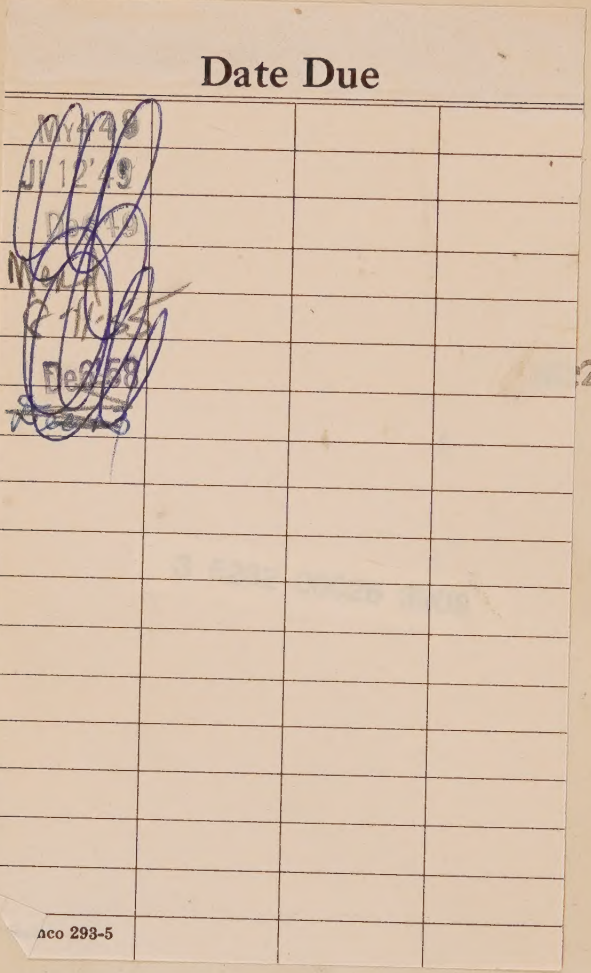
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